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Full Name of Author — Nom complet de l'auteur

DONNA MARIE ARMANN

Date of Birth — Date de naissance

SEPT. 10, 1950.

Country of Birth — Lieu de naissance

CANADA.

Permanent Address — Résidence fixe

4132 - 121 ST.
EDMONTON, ALBERTA
T6J 1Y5.

Title of Thesis — Titre de la thèse

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Name of Supervisor — Nom du directeur de thèse

Dr. David Falconer

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AN ANALYSIS OF FACTORS AFFECTING JOB SATISFACTION FOR DIRECTORS OF NURSING IN WESTERN CANADA

BY

© DONNA MARIE ARMANN

A THESIS

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D.M. Armann

PERMANENT ADDRESS:
4132 - 121 Street
Edmonton, Alberta
T6J 1Y5

DATED April 7, 1981

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled an Analysis of Factors Affecting Job Satisfaction for Directors of Nursing in Western Canada submitted by Donna Marie Armann in partial fulfilment of the requirements for the degree of Master of Education.

.....
Supervisor

.....

.....

Date ..April..7,..1981..

ABSTRACT

The purpose of this study was to investigate job satisfaction for Directors of Nursing in Western Canada. Specifically, it was designed to identify those job facets which contributed to job satisfaction and dissatisfaction as well as to detemine if any relationships existed between job facet satisfaction and selected variables related to organizational, personal-social and professional characteristics of respondents. In addition, the applicability of Herzberg's two-factor theory to this sample was explored.

The study's population consisted of 141 Directors of Nursing of health-care institutions containing 100 or more patient beds within the provinces of British Columbia, Alberta, Saskatchewan and Manitoba. The study sample consisted of 118 administrators who returned usable questionnaires.

Data were collected which reflected the respondents' organizational, personal-social and professional characteristics. Respondents were requested to rate how satisfied they were with forty-six job facets and how important these were to their job satisfaction. In addition, respondents were requested to identify which aspects of their job contributed most to their job satisfaction and dissatisfaction.

The results of the investigation revealed that Directors of Nursing in Western Canada were moderately satisfied in their jobs. A number of aspects identified by the respondents as contributing to dissatisfaction were nonavailability of provisions for sabbatical leave, unavailability of support staff and portion of time devoted to

operational duties.

Respondents felt that the aspects of responsibility in their job, competence of employees and support of staff in their attempts to introduce new ideas were important to their job satisfaction. In addition, involvement in decision-making contributed to positive feelings toward the job.

Directors of Nursing in Psychiatric treatment facilities were the least satisfied with their job in all aspects compared to their counterparts in other types of facilities. In addition, administrators of facilities with 500 or more patient beds were the least satisfied with their jobs when compared to other respondents from institutions of various sizes. Directors of Nursing in British Columbia were the most satisfied group in terms of their working conditions whereas those in Alberta were the least satisfied when comparison of satisfaction with job factors was done among administrators in different provinces.

When asked to describe the situations which contributed most to job satisfaction, respondents indicated that aspects of the work itself, interpersonal relationships and responsibility contributed to overall job satisfaction. Aspects of unionism, medical staff bias and hospital policy contributed to job dissatisfaction.

Generally, the findings of this study were consistent with Herzberg's two-factor theory. Experiences which Directors of Nursing identified as resulting in job satisfaction or dissatisfaction generally corresponded with Herzberg's Motivator and Hygiene categories.

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TABLE OF CONTENTS

	PAGE
ABSTRACT	iv
ACKNOWLEDGEMENTS	vi
LIST OF TABLES	xii
CHAPTER	
1. INTRODUCTION	1
PURPOSE OF THE STUDY	3
STATEMENT OF THE PROBLEMS	4
2. REVIEW OF THE LITERATURE	8
DEFINITION OF JOB SATISFACTION	8
THEORIES OF JOB SATISFACTION	9
Maslow's Hierarchy of Needs	9
Herzberg's Two Factor Theory	11
Lawler's Facet Satisfaction Model	12
Summary	12
RESEARCH RELATED TO JOB SATISFACTION OF NURSES	13
JOB SATISFACTION IN FIELDS OTHER THAN NURSING	17
Research Related to Administrators	17
Research Related to Women and Job Satisfaction	18
Other Related Research	18
3. METHODOLOGY	21
RESEARCH INSTRUMENT	21
PILOT TESTING	22
THE SAMPLE	23

CHAPTER

PAGE

4. ANALYSIS OF THE DATA 25

SECTION A: DEMOGRAPHIC DATA 26

ORGANIZATIONAL CHARACTERISTICS 26

Population of City 26

Type of Institution 27

Ownership of Institution 27

Number of Nurses Employed 28

Institution Size 28

Affiliation With Faculty or School of Nursing 29

Budget Decisions 29

Staff Resignation 32

PERSONAL - SOCIAL CHARACTERISTICS 34

Sex 34

Age 34

Working Status of Spouse 34

PROFESSIONAL CHARACTERISTICS 36

Number of Years of Administrative Experience 36

Present Position 36

Present Province Experience 36

Career Experience 38

Highest Attained Level of Formal Education 38

Continuing Education Activities 38

Involvement in Professional or Community Organizations 38

SUMMARY 40

SECTION B: JOB FACETS ASSOCIATED WITH SATISFACTION AND DISSATISFACTION WITH THE JOB 41

CHAPTER PAGE

OVERALL JOB SATISFACTION 41

OVERALL DISTRIBUTION OF RESPONSES TO SATISFACTION ITEMS 43

Highest Percentage of Satisfaction 43

Highest Percentage of Dissatisfaction 45

Job Facets Most Important to Satisfaction with the Job 45

SUMMARY 48

SECTION C: JOB FACTORS 48

JOB FACTORS AS PREDICTORS OF OVERALL JOB SATISFACTION 49

SATISFACTION WITH JOB FACTORS BY PROVINCE 54

COMPARISON OF JOB FACTORS WITH SELECTED VARIABLES ... 54

Size of City 54

Type of Institution 56

Ownership of Institution 56

Number of Full Time Equivalent Nurses 56

Number of Patient Beds 56

Number of Budget Items for Which Submissions are Made 64

Age 64

Years of Experience 64

Postgraduate Courses 65

Continuing Education Activities Attended 65

Membership in Organizations 65

Percentage of Staff Resignations 67

Working Status of Spouse 67

School of Nursing Affiliation 67

Sex 67

CHAPTER PAGE

Spouse Works as Administrator 69

RANKING JOB FACTORS 69

SUMMARY 69

SECTION D: OVERALL JOB SATISFACTION 72

Size of City 72

Type of Institution 72

Ownership of Institution 75

Number of Nurses Employed 75

Number of Patient Beds 75

Age 75

Years of Experience 80

Number of Postgraduate Course 80

Working Status of Spouse 80

Percentage of Nursing Staff Resignations 80

Affiliation With School of Nursing 80

Sex 86

Number of Conferences Attended Within Past Two Years 86

Number of Memberships in Professional or Community Organizations 86

Spouse Employed as Administrator 86

SUMMARY 86

SECTION E: CONTENT ANALSIS OF OPEN ENDED RESPONSES 91

A COMPARISON OF SAMPLE RESPONSES WITH HERZBERG'S THEORY 93

SUMMARY 99

CHAPTER PAGE

5. SUMMARY, CONCLUSIONS AND IMPLICATIONS 102

SUMMARY 102

Nature of the study 102

Methodology 103

Data Analysis 103

Review of Major Findings 104

CONCLUSIONS 111

IMPLICATIONS AND RECOMMENDATIONS 113

SUMMARY 116

BIBLIOGRAPHY 118

APPENDIX A 125

APPENDIX B 151

APPENDIX C 154

LIST OF TABLES

TABLE		PAGE
1.	Related Literature on Job Satisfaction	19
2.	Frequency and Percentage of Organization by Selected Characteristics	30
3.	Reasons for Leaving Staff Nurse Positions	33
4.	Frequency and Percentage Distribution of Personal and Social Characteristics of Respondents	35
5.	Frequency and Distribution of Professional Characteristics of Respondents: Years of Administrative Experience	37
6.	Frequency and Percentage Distribution of Professional Characteristics of Respondents	39
7.	Percentage Frequency Distribution of Responses to Overall Job Satisfaction Items	42
8.	Fourteen Job Facets for Which the Highest Percentages of Satisfaction Were Obtained	44
9.	Twelve Job Facets for Which the Highest Percentages of Dissatisfaction Were Obtained	46
10.	Eight Job Facets Identified as Most Important to the Feeling of Overall Satisfaction in the Job	47
11.	Summary of Factors Extracted From Factor Analysis	50
12.	Stepwise Multiple Repression Analysis Using Four Predictor Variables with Overall Job Satisfaction As Criterion Variable	53
13.	Analysis of Variance of Job Satisfaction Factors Between Groups Categorized by Province	55
14.	Analysis of Variance Job Satisfaction Factors and Selected Variables	57
15.	Comparison of Job Satisfaction in Selected Groups of Respondents	68
16.	Order of Factors According to Satisfaction	70
17.	One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified on the Basis of Size of City	73

TABLE PAGE

18. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified on the Basis of Type of Institution 74

19. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified on the Basis of Ownership of Institution 76

20. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Number of Nurses Employed 77

21. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Number of Patient Beds 78

22. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Age .. 79

23. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Number of Years Experience 81

24. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Numbers of Post Graduate Courses 82

25. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Whether Spouse Works Full Time 83

26. One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Percentage of Nursing Staff Resignations 84

27. Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Affiliation with School of Nursing 85

28. Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Sex 87

29. Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Numbers of Conferences Attended Within the Past Two Years 88

30. Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Number of Memberships Held in Community and/or Professional Organizations 89

TABLE PAGE

31. Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Whether Spouse was Employed as an Administrator 90

32. Job Facets Identified As Contributing Most to Overall Job Satisfaction and Dissatisfaction 94

33. Job Facets Categorized According to Herzberg's Two-Factor Theory 97

34. Comparison of Herzberg's Motivation and Hygiene Categories with Situations Described by Directors of Nursing 100

CHAPTER 1

INTRODUCTION

In the past two decades numerous studies have been carried out in the area of job satisfaction. Although overall satisfaction and satisfaction with specific facets of a particular job have been examined for various levels of worker, relatively few studies have dealt specifically with job satisfaction of administrative personnel. This situation may be considered surprising in view of the potentially influential position held by administrators.

Srivastra et al. (1977) found in their review of 600 empirical field studies that administrators' behavior is affected by the degree to which they are satisfied with their jobs. Ruch (1979) found that a positive relationship exists between employee perception of upper management's administrative ability and their own job satisfaction. Perhaps the degree of job satisfaction experienced by the supervisor or administrator may affect the job satisfaction of subordinates.

Vroom (1964) found that supervisory behavior constituted a predictor of job satisfaction for subordinates. In addition, he concluded that in a hierarchical organization the degree to which a supervisor satisfies the needs of his subordinates may be dependent not only on the supervisory methods and practices which are used but also on the amount of power the individual has within the organization. Blake and Mouton (1964) and Fiedler (1967) also found that supervisory behavior was significantly related to employees' attitudes. It appears, then, that employee job satisfaction may in part be affected by the supervisor's behavior in the work situation.

The relationship between job satisfaction and turnover rates, absenteeism and decreased productivity is well documented and will be referred to again in the next chapter. The relationship has recently been under investigation with reference to health care professionals. An apparent "shortage" of nurses in recent years served as a stimulus for investigators in Alberta to study job satisfaction for health care professionals. A report on a survey of Health and Social Service Agencies in the Province of Alberta completed by the Health and Social Service Discipline Committee released in April, 1980, indicates that a 4.2 percent vacancy rate and an 18.7 percent annual turnover rate for health care positions exist. Of this 48 percent of vacant positions are for nursing personnel. In addition, a survey released in May, 1980, by the Alberta Association of Registered Nurses reported 700 vacancies in nursing positions in Alberta health care institutions, an increase from 430 from January 1980. There appears to be an upward trend in the number of vacant nursing positions in the Province of Alberta. Whether or not this trend is in part due to job satisfaction of nurses is, at present, uncertain. The Alberta Hospital Association is, at the time of this writing, formulating a proposal for a study which will address this problem.

If the initial premise holds true (relating job satisfaction of employees with job satisfaction of their administrators) then an investigation of overall job satisfaction and satisfaction with specific job facets for Directors of Nursing may result in an improved understanding of the status of job satisfaction at the administrative level in health care institutions. If an improved understanding of the job satisfaction of those who occupy this

position exists and recommendations for improvement of job satisfaction for Directors of Nursing are based on empirical findings, perhaps improvement of job satisfaction for nurses may also result.

The focus of this study is on the job satisfaction of the Directors of Nursing. Kovner and Oliver (1978) describe this individual as being responsible for providing adequate nursing care for patients in hospitals and creating an environment conducive to implementing and establishing nursing standards. As such, Foreman (1969) suggests that their performance influences the delivery of patient care both directly and indirectly.

Gerard (1969) describes the Director of Nursing as being at the apex of the nursing hierarchy in the hospital and as a valuable component of the administrative team. Taylor (1970:178) sees the Director of Nursing function as providing a communication channel between other parts of the hospital system.

Directors of Nursing occupy important positions in the health care field,however, little has been done to study those who occupy the position. Several researchers in the health care field have identified a need for studying job satisfaction for nursing administrators, (Simmons and Henderson, 1964; Woolf, 1970; Stember et al., 1978; and Kovner, 1978).

PURPOSE OF THE STUDY

The purpose of this study was to identify and examine the factors that contribute to job satisfaction as well as dissatisfaction

for hospital Directors of Nursing in Western Canada. In addition, facets of the Director of Nursing position were assessed with respect to degree of satisfaction experienced as well as importance attached to each as perceived by individual respondents. Further, an examination of individual characteristics of Directors of Nursing was conducted to determine the extent to which relationships existed between overall job satisfaction, facets of job satisfaction and individual characteristics.

STATEMENT OF THE PROBLEMS

Problem 1: Overall Satisfaction

Sub-Problem 1.1. To what extent do Directors of Nursing in Western Canada experience overall job satisfaction?

Sub-Problem 1.2. With which job facets are Directors of Nursing most satisfied?

Sub-Problem 1.3. With which job facets are Directors of Nursing most dissatisfied?

Sub-Problem 1.4. Which job facets are identified as being most important to overall job satisfaction?

Problem 2: Satisfaction Factors

Sub-Problem 2.1. Which job factors contribute most to overall job satisfaction?

Sub-Problem 2.2. Which job factor is the best predictor of overall job satisfaction?

Problem 3: Satisfaction Factors and Demographic Variables

Sub-Problem 3.1. Are Directors of Nursing in a particular province more satisfied with specific job factors than their counterparts in other provinces?

Sub-Problem 3.2. To what extent are differences in level of satisfaction experienced with job factors by Directors of Nursing associated with organizational variables: size of community, type of institution, ownership of institution, number of full-time nurses on staff, number of patient beds, affiliation with a Faculty or School of Nursing and Budget Decision Scale?

Sub-Problem 3.3. To what extent are differences in the level of satisfaction experienced by Directors of Nursing with job factors associated with personal-social variables: age, sex, marital status, employment of spouse?

Sub-Problem 3.4. To what extent are differences in the level of satisfaction experienced by Directors of Nursing with job factors associated with professional variables: administrative experience, educational level, attendance at professional development activities, membership in professional or community organizations?

Sub-Problem 3.5. How do Directors of Nursing rank their satisfaction with the four job factors?

Problem 4: Overall Job Satisfaction and Demographic Variables

Sub-Problem 4.1. To what extent are differences in overall job satisfaction between sub-groups of respondents related to organizational characteristics: size of community, type of institution, ownership of facility, number of full-time nurses employed, number of patient beds, affiliation with a Faculty or School of Nursing and Budget Decision Scale?

Sub-Problem 4.2. To what extent are differences in overall job satisfaction between sub-groups of respondents related to personal-social characteristics: age, sex, marital status, employment of spouse?

Sub-Problem 4.3. To what extent are differences in overall job satisfaction between sub-groups of respondents related to professional characteristics: administrative experience, educational level, attendance at professional development activities, membership in professional or community organizations?

Problem 5: Job Aspect Satisfaction and Dissatisfaction

Sub-Problem 5.1. What aspects of the job were identified by Directors of Nursing in Western Canada as sources of job satisfaction and dissatisfaction?

Sub-Problem 5.2. To what degree are the findings of this study consistent with Herzberg's (1959) two-factor theory?

CHAPTER 2

REVIEW OF THE LITERATURE

The review of the literature is organized into four parts: The first section entails a review of definitions of job satisfaction in order to obtain a workable definition for the purpose of this study. In the second section three theories of job satisfaction are explored so that a conceptual framework may be established for the study. The third section deals with relevant studies in the area of job satisfaction of nurses and the last section contains a review of job satisfaction research in fields other than nursing.

Definition of Job Satisfaction

Satisfaction is defined by Guba (1958:160) as:

> . . . a state or quality of contentment which arises when a situation is so structured as to permit a subject to discharge both organizational requirements and individual needs by simultaneous acts and hence with minimum expenditure of energy . . . satisfaction depends on quality of interaction between an individual and his environment.

Guba and Bidwell (1957:9) see satisfaction as:

> The worker's contentment with his job situation, his evaluation of the adequacy of such factors as the physical environment of work, the personalities of his fellow workers and the tractability of his clients.

One of the most frequently quoted definitions of job satisfaction is that by Victor Vroom (1964:99) who stated:

> Job satisfaction and job attitudes are affective orientations on the part of an individual toward work roles which they are presently occupying. Positive attitudes toward the job are conceptually equivalent to job satisfaction and vice versa.

In his Theory of Work Adjustment, Davis (1972:11) describes his Proposition III as:

> Satisfaction is a function of the correspondence between the reinforcer system of the work environment and the individual's needs, provided that the individual's abilities correspond with the ability requirements of the work environment.

In his study, Noyes (1960:3) defined job satisfaction as, "the state of being gratified and receiving enjoyment or deriving pleasure from one's work." Zytowski (1968:399) cites Kuhlen's perception that "job satisfaction is proportionate to the degree that elements of the job satisfy the needs which the person feels most strongly."

An overview of job satisfaction definitions reveals the diversity of terms used to explain this concept. Most definitions appear to stress the affective nature of one's satisfaction in a job and several infer that various factors affect one's assessment of it. For the purpose of this study, Feldman's (1976:436) simplistic definition was adopted. He states that, "job satisfaction is an overall measure of the degree to which an employee is satisfied and happy in his or her work."

Theories of Job Satisfaction

Three theories of job satisfaction and/or motivation are summarized below. Although various adaptations of these theories appear in the literature, these three represent the basis upon which researchers have studied the concept of job satisfaction over the past forty years.

1. Maslow's hierarchy of needs. Although Maslow's theory was not specifically directed toward an explanation of man's motivation in the work environment, his concepts have often been applied to the

discussion of job satisfaction. In 1943, Maslow described a theory of human motivation based on a hierarchy of needs. From highest to lowest order needs they are Self-fulfillment, Ego, Social, Safety and Physiological. The hierarchical nature of the needs assumes that the lowest need, Physiological, including food, water and shelter, must be partially satisfied before the next higher order need can be satisfied.

If the theory is applied to the world of work we find that in many organizations the physiological, safety and social needs of employees are largely satisfied through company policy and fringe benefits. Consequently they are no longer strong motivating forces. Status, recognition and the opportunity for creative expression therefore, become of greater importance (Wassenaar, 1974).

In 1963, Friedlander (1963) studied the importance of job aspects to a sample of government workers in Canada. He concluded that Maslow's hierarchy was not universally applicable since white collar workers indicated that self actualization needs were most important to them whereas blue collar workers stated that interpersonal needs were more important to their satisfaction. Porter (1961) however found in his studies that a hierarchy (based on Maslow's theory) was a plausible approach to understanding job satisfaction. Slavitt et al. (1978:115) point out that Maslow's hierarchy more accurately represents the value system of the upwardly mobile members of society than for those groups whose values may deviate from the standard. Clay (1977) found in his study of community college instructors that supervisors who use the hierarchy of needs theory to guide their relationships with subordinates should re-examine their approach and consider other

theories.

Although there appears to be some controversy in the literature as to the general applicability of Maslow's theory, most investigators feel its use to assist in the explanation of worker motivation and job satisfaction is warranted.

2. Herzberg's two-factor theory. In their studies, Herzberg, Mausner and Snyderman (1959) found that variables which influence job satisfaction are different from those influencing job dissatisfaction. By employing a critical-incident technique in a structured-interview situation, Herzberg et al. asked individuals to recall work-related incidents which resulted in satisfaction and dissatisfaction. They then categorized these incidents into two groups. The first group, labelled motivating factors, related intrinsically to the job content including achievement, recognition, work itself, responsibility and advancement. These factors tended to be associated with respondent's recall of satisfying incidents in the job. Those variables related to job dissatisfaction tended to be extrinsic or related to the job context (environmental). These included salary, policy and administration, interpersonal relations, supervision, working conditions, status, security, possibility of growth and personal life. Herzberg et al. labelled these variables as hygiene factors. In a paper reported in 1968, Herzberg (1968:58) revealed that of the factors contributing to job satisfaction, 81 percent were of the motivator group and of the factors contributing to dissatisfaction, 69 percent involved reference to elements in the hygiene group.

The two-factor theory suggests that only the presence of motivator factors can result in job satisfaction, whereas the presence of hygiene factors can only prevent dissatisfaction but not contribute to satisfaction.

According to literature, Herzberg's study has been one of the most replicated. As a result, several investigators have found divergent results and have criticized Herzberg's studies in terms of their methodological deficiencies. Hinrichs (1970:537) provides one of the most in depth analyses of Herzberg's research and concludes that, "it is possible for bias to arise in data collected within this framework."

3. Lawler's facet satisfaction model. Lawler (1973) proposed that satisfaction is determined by the discrepancy between perceived rewards and perceived equitable rewards. An individual's satisfaction is determined by the degree to which his perceived job inputs (e.g., ability, skill, training) result in job outcomes that are comparable to others in his reference group. In addition, each aspect of a job contributes differently to overall job satisfaction in that those aspects considered by the individual to be most important contribute more than less important aspects to overall job satisfaction.

Summary

A review of three theories of job satisfaction reveal that satisfaction with one's work constitutes a complex balance of factors. In order for an individual to be satisfied, the components of his job must provide for the opportunity to fulfil unsatisfied needs. In view

of the fact that most jobs fulfil man's basic needs, the intrinsic components of one's work become motivating factors for fulfilment of an individual's higher order needs. Within this concept of needs fulfilment and motivating factors, an individual must perceive a balance between his inputs to the job and respective outputs in relation to others within his reference group in order for job satisfaction to result.

Research Related to Job Satisfaction of Nurses

Gruenberg (1976:144) cites studies which conclude that because each occupational group has a different attitudinal reference point, group norms should be established for each occupational group. Only by comparing the test sample against results from comparable groups may significant conclusions be reached. In his study of components of nursing job satisfaction, Wagner (1977) makes the same conclusion. For this reason a review of relevant results from studies related to nursing seems appropriate.

The validity of Herzberg's theory for a hospital nursing supervisor population was tested by White and Maguire(1973) in their study of 32 nursing supervisors in the Philadelphia area. They found that feelings of satisfaction were promoted by having the opportunity to work for creative, challenging and role-appropriate work, by acts of recognition and by the chance to advance. Aspects of supervision (which supervisors received from their supervisors), made supervisors dissatisfied with their jobs. Consequently, their results appear consistent with Herzberg's theory. A similar study by Ullich (1978) who studied 40 Tennessee nurses employed in private general hospitals,

reported that achievement and recognition factors were most commonly expressed as positive experiences while supervision and hospital policies were more often described in negative experience recall. In an attempt to improve a testing instrument for health professionals when evaluating their job satisfaction, Stember et al. (1978) studied 221 employees of the Denver, Colorado public health agency. They found that the highest satisfying variables for nurses in the health care setting were job importance, interpersonal relations and supervision whereas recognition and communication (i.e., organizational policies) were the lowest satisfying variables. Greater job satisfaction was also related to more years of total working experience, longevity with the organization and higher position in the hospital hierarchy. Woolf (1970) agreed, in that administrative personnel tended to be more job satisfied than their subordinates because of promotional or transfer opportunities. His study was directed toward the total population of employees in a large Michigan county general hospital.

Only two nursing related studies were found that sought to examine job satisfaction factors and the relative importance of these factors to overall job satisfaction. Neumann's study (1972) of 760 staff nurses in four active treatment Utah hospitals found four factors: Financial Advancement, Supervisor, Work Load- Work Stress and Intrinsic factors accountable for most of the common variance in all of the factor analysis of satisfaction items. Similar factors were identified in the analysis of items reported by respondents as important to job satisfaction. Slavitt et al. (1978) reveal that in their study of 800 nurses, physicians and support staff in two

Massachussetts urban hospitals, autonomy was ranked as a very important component to job satisfaction but that this sample was only moderately satisfied with this in their current job. In addition, the respondents were less satisfied with task requirements than they were with autonomy even though the former was perceived as being most important to their job satisfaction.

Although the number of studies in job satisfaction at the adminsitrative level are few, those that have been done yield some interesting results. Szilagyi (1977) studied the causal source and direction of causal influence between role ambiguity, role conflict and job satisfaction for three organizational levels in a hospital environment. He found that role ambiguity can create dysfunctional consequences to the organization with high role ambiguity resulting in decreased work satisfaction and performance levels. He noted that role ambiguity had a stronger influence on behavior than role conflict at higher levels in an organization (i.e., administrators) because employees at this level had more power and authority to resolve role conflict more easily than role ambiguity.

A study of employee orientation and job satisfaction among professional employees in small rural hospitals, (Jauch and Sekaran, 1978), found that organizational loyalty was the predominant orientation predicting job satisfaction. Their results suggest that an individual whose efforts were directed toward the "good" of the organization was satisfied in his job.

In the one of only two studies found dealing specifically with Directors of Nursing and job satisfaction, Williamson (1972) quoted

Arndt and Laeger (1970) who found that the longer a Director of Nursing worked in an institution, the less likely she/he was to experience strain and related job dissatisfaction suggesting a self-accommodation to the system.

In her study of role orientation and its relationship to job satisfaction for Directors of Nursing and staff nurses in Pittsburg, Williamson (1972:73-78) concluded that:

1. The Director of Nursing seemed to derive more satisfaction from her job than did the staff nurse.
2. The level of satisfaction increased with age.
3. Nurses with Master's degrees were the most satisfied of all other educational levels, (ranging from Diploma to Ph.D.).
4. Job satisfaction increased with longevity in nursing.
5. Job satisfaction was greater in smaller hospitals.

The second study directed toward 26 Directors of Nursing from hospitals in an eastern American urban center, (Kovner and Oliver, 1978) sought to evaluate Herzberg's theory for this sample. They found that one motivator, achievement, appeared significantly more often in situations describing job satisfaction whereas lack of achievement was frequently mentioned in dissatisfying situations. Directors of Nursing seemed to feel that the "quality of nursing in their institution was a direct reflection of themselves," (Kovner and Oliver, 1978:59). One hygiene factor, hospital policy, appeared significantly more often in dissatisfying situations. This led the researchers to suggest that if Directors of Nursing had a stronger voice in hospital policy decision-making perhaps they would not be as dissatisfied with this area of their work. In this study, Directors of Nursing saw themselves as patient advocates employed to elevate the institutions' standards of care. Kovner and Oliver (1978) suggest

that if employing institutions do not share the same goals, Directors of Nursing may be torn between ideological commitment and practical considerations resulting in role conflict. As a conclusion Kovner and Oliver (1978:63) stated:

> The frequency with which categories such as achievement, recognition, work itself, interpersonal relations and supervision-technical were mentioned with respect to job satisfaction, indicates that these items are important to those who accept positions as heads of nursing departments.

Job Satisfaction Research in Fields Other than Nursing

Research related to administrators. For a sample of 85 Louisiana central office supervisors, the main sources of dissatisfaction were interpersonal relations, school policy and administration while achievement and recognition were sources of satisfaction, (Crews, 1979). In their study of college administrators, Solomon and Tierney (1977) found their sample to be satisfied with most aspects of their jobs, with senior administrators more satisfied than mid-level administrators. Applbaum and Anatol's (1979) study of 155 California State University administrators reported that a significant correlation existed between job satisfaction and communication climate. Schmidt's (1976) study of school administrators indicated that this group was highly motivated by achievement, recognition and advancement but not very much by salary, good interpersonal relations or effective policy and administration although absence of the latter was highly dissatisfying. In a study of school superintendents in communities of different sizes, Burlingame (1979) reported that administrators in small districts had a higher turnover rate than those in larger communities. These results correspond with

those obtianed by Schoeman (1978) who studied 297 teachers employed by the Yukon Territorial Government.

For the most part, research directed at an administrative level population appears to support Herzberg's two-factor theory of job satisfaction.

Research related to women and job satisfaction. Job satisfaction research comparing sex and job satisfaction variables reveals little difference between those factors identified as relating to job satisfaction for male as opposed to female groups, (Herzberg, Mausner, Petersen and Capwell, 1957; Hulin and Smith, 1964; Quinn, Staines and McCollaugh, 1974; Keaveny, 1978; DeSola-Nielsqn, 1977; Greebler, 1978 and Spaeth, 1979). For women in administration Cochran (1978) found a high degree of job satisfaction with factors such as relationships with other people and opportunities for self-fulfillment as providing their greatest rewards. Bisconti (1978) found that women who were married had relatively high job satisfaction, were more career and achievement oriented, and had higher intellectual and social self-confidence levels.

Other related research. The remainder of the literature is summarized in Table 1 for the purpose of simplicity. Several job satisfaction variables are identified and relevant studies which either support or refute the correlation between the variable and job satisfaction are cited.

A review of the literature reveals that several variables appear to correlate positively with job satisfaction. The concept

Table 1

Related Literature on Job Satisfaction

VARIABLE AND CORRELATION WITH JOB SATISFACTION	STUDIES SUPPORTING CORRELATION	STUDIES THAT DO NOT SUPPORT CORRELATION
1. Job Complexity Individuals with a high need for achievement are more satisfied with jobs that offer variety, autonomy and complexity	Sedlacek,1966; Lau,1977; London, 1975; Vroom,1964; Quinn,1974; Herrich,1971; Steiner,1965; Srivastra, 1977.	
2. Age and Years of Experience Higher age and years experience are postively correlated with job satisfaction.	Milliken,1978; Herzberg, 1957; Srivastra, 1977.	Salek and Otis, 1964; Muchinsky, 1978.
3. Decision-Making Influence Satisfaction is postively associated with the degree to which an individual is permitted to participate in decision making.	Vroom, 1964; Sedlacek, 1966.	
4. Interaction with Others Worker satisfaction is related to their opportunity to interact with others on the job.	Vroom, 1964; Herrich,1971; Srivastra, 1977.	Muchinsky,1978 (found no positive relationship after the age of 50)
5. Job Level (Status) A positive relationship exists between job level and job satisfaction.	England and Stein,1961; Mumford,1972; Vroom,1964; Herzberg et al.,1957;Kahn, 1972; Morse,1953; Porter and Lawler, 1965; Talley, 1970; Srivastra, 1977.	
6. Salary Wages and job satisfaction are positively correlated.	Vroom,1964; Lawler, 1971; Kahn, 1972; Herrich, 1971; Schwab, 1974; Srivastra, 1977.	Muchinsky, 1978 (found no positive relationship after the age of 50)

of job satisfaction, however, is a complex one and as Vroom (1964:173) notes, it "... must be assumed to be the result of the operation of both situational and personality variables."

CHAPTER 3

METHODOLOGY

In order to determine the extent to which Directors of Nursing were satisfied with their jobs as well as to identify and assess the relative importance of the basic factors of job satisfaction among Directors of Nursing, a field study approach was chosen as the research design. Information received from the responses to a questionnaire were analyzed to determine if any relationships existed between demographic characteristics of the sample and job satisfaction-importance factors.

The specific methodology of this study will be discussed in terms of the research instrument, pilot testing and instrument revisions, the sample and data-collection procedures.

Research Instrument

The measurement tool of Job Satisfaction and Importance entitled Sources of Job Satisfaction for Directors of Nursing was adapted from questionnaires used by Holdaway (1978) and Rice (1978). The instruments in their studies were organized into five categories, Working Conditions, Personnel-Related Matters, Institution-Related Matters, Occupation-Related Matters and Community-Related Matters. The format of items used in each category was adapted from Sedlacek's (1966) and Neumann's (1972) studies. Both investigators were concerned with identifying job satisfaction factors as well as their relative importance to the respondents. Neumann's (1972) study was particularly helpful in that her population was composed of nurses.

The initial questionnaire was divided into five parts. Section A dealt with demographic data. Questions for this section were adapted from Rice's (1978) study with several modifications made to address the population in question. The demographic data identified personal, social, professional and organizational characteristics of the Directors of Nursing in the sample.

Section B measured the overall job satisfaction according to a six-point scale (from highly satisfied to highly dissatisfied). This section as well as the last section, which requested that respondents identify two factors that contributed most to both overall job satisfaction and overall job dissatisfaction, was adopted directly from Rice's (1978) study. Sections C to G addressed the problem of identifying the degree of satisfaction each respondent felt with each item within the five groups of items (i.e., working conditions etc.) described previously. Response categories indicating the degree of satisfaction ranged from 1 to 6. (If an item was not applicable to a particular respondent, 0 was circled as the "not applicable" option.)

Sections H to L utilized the same items as Sections C to G but the wording was adapted to acertain the importance of each item to the respondent's job satisfaction. A six-point scale was used to identify items that were "extremely important" to "not important" to their job satisfaction.

Pilot Testing

The pilot questionnaire was completed by ten individuals with

nursing backgrounds. Four of the respondents were students (one Doctoral and three Master's students) in the Department of Educational Administration at The University of Alberta, four were nursing instructors at The University of Alberta Hospital School of Nursing, and two were Directors of Nursing of large active treatment hospitals in the City of Edmonton. The respondents completed all sections of the questionnaire and in addition wrote comments about their reactions to the content of the questionnaire, the wording of the items, and the appropriateness of the scale system.

As a result of these comments, ammendments were made to the wording of several items, one item was deleted and Sections C to G and H to L were combined. Revisions to the wording of items in the new Sections C to G reflected that used by Holdaway (1978) and Rice (1978). Two scales were used side by side, one to evaluate satisfaction and the second to determine the importance of each item. By combining the two sections in one, the respondents could evaluate each item on two scales concomitantly thereby decreasing the time required to complete the questionnaire and reducing frustration produced with repetition of identical items. The remainder of the revised questionnaire (copy in Appendix A) resembled the initial one, with the exception of additional space provided for comments.

The Sample

The 1979 Canadian Hospital Directory served as a reference from which the names of 141 Directors of Nursing was obtained. All health care institutions having over 100 patient care beds, including active treatment, psychiatric or auxiliary (extended care) facilities

as well as centers for the mentally retarded, within the provinces of British Columbia, Alberta, Saskatchewan and Manitoba were contacted.

Each letter requesting cooperation with the study was directed at the institution's Director of Nursing. The variety of hierarchical organizational structures within health care institutions required the investigator to request that only those individuals who occupied the most senior nursing administration position, and whose responsibilities included directing the nursing and patient care services, respond to the questionnaire. Despite the title of the position then, (e.g., Vice-President, Associate Executive Director or Director of Nursing) an attempt was made to maintain role consistency in the sample addressed in the 141 letters (a copy of which is included in Appendix B) requesting cooperation in this study. Two Directors of Nursing returned the questionnaires unanswered with the explanation that they felt they had not been employed in the position of Director of Nursing for a sufficient time period to be able to answer the questions. One institution replied that there was no one in the Director of Nursing position at the present time. One facility was still under construction and consequently the questionnaire was returned unanswered. A total of 118 usable questionnaires were returned, giving an 83.7 percent response.

CHAPTER 4

ANALYSIS OF THE DATA

The purpose of this chapter is to report the results of the data analysis procedures employed in this study. The information is reported in five sections. The first section deals with the characteristics of the sample of 118 Directors of Nursing of health care institutions of over 100 patient care beds in Western Canada. These characteristics were classified into three categories: organizational characteristics, personal-social characteristics, and professional characteristics.

The second section contains a review of the extent of overall job satisfaction reported by Directors of Nursing in the sample and in addition the job facets which were most clearly associated with job satisfaction and job dissatisfaction. This section concludes with a review of those job facets which Directors of Nursing reported were most important to their job satisfaction.

The underlying factors present in the job facets identified in the questionnaire are presented in the third section. An analysis of the predictability of overall job satisfaction using the four factors derived from a factor analysis using a VARIMAX rotation follows. In addition, a comparison of satisfaction with the four factors among Directors of Nursing for the four western provinces is described.

The fourth section contains the results of data analysis to determine differences between groups classified on organizational,

personal-social and professional variables in the extent of overall job satisfaction.

The final section contains a report of those job facets which Directors of Nursing indicated contributed most to overall job satisfaction and dissatisfaction. An analysis of responses in terms of frequency distribution is included in this section. Finally, a comparison is made between the results obtained from this analysis and those obtained from studies using the Herzberg's two-factor theory.

SECTION A: DEMOGRAPHIC DATA

Demographic data are presented under three headings: Organizational characteristics, personal and social characteristics and professional characteristics of respondents.

Organizational Characteristics

Table 2 contains data which relate to the frequency and distribution of organizational characteristics of respondents.

Population of City

Almost 46 percent of respondents were employed in large urban centers of over 100,000 population. Of the remainder, 23.7 percent were employed in cities with a population of 30,000 to 100,000 and 30.5 percent in communities with populations of less than 30,000.

The delimitation of this study to Directors of Nursing of

institutions of 100 patient beds or over may account for this result because smaller urban and rural centers usually have health care facilities of fewer than 100 patient beds in size.

Type of Institution

The data indicated that the largest percentage of respondents, 63.6 percent, were employed in active-treatment facilities. Auxiliary or extended care facilities employed the next largest number of Directors of Nursing, 19.5 percent, while 8.5 percent were located in psychiatric treatment centers and 4.2 percent in centers for the mentally retarded. The remainder of respondents, 4.2 percent, indicated that they were employed in other types of facilities.

Ownership of Institution

The majority, 55.9 percent, of institutions were provincially owned and operated, while 16.1 percent were municipally controlled and 13.6 percent were owned by religious orders. In British Columbia, 9.3 percent of respondents described their institution as being owned and operated by a group other than those listed in the questionnaire. A review of these responses indicated that these institutions were owned and operated by a Hospital Society, peculiar to this province, that was funded by the provincial government and the regional district. Federally or privately owned institutions accounted for 2.5 percent of the sample.

Number of Nurses Employed

Organizational size may in part be determined by the number of staff (full-time equivalent registered nurses) employed in an institution. A true assessment of size may not be possible, however, in that the type of institution dictates the nurse-patient ratio necessary for effective patient care. For example, an active treatment institution may require a ratio of one nurse to five patients while an extended care facility may operate with a nurse-patient ratio of 1:10. The number of nurses employed, consequently, was used as an estimate of the size of the subordinate group over which the Director of Nursing had control. The greatest number of respondents, 22.9 percent reported a nursing group of between 200 and 399 staff members. A slightly smaller number, 22 percent reported a staff of between 100 and 199 nurses and 21.2 percent indicated that their nursing compliment was less than 49 nurses. Directors of Nursing with a nursing staff of between 50 and 99 nurses comprised 18.6 percent of the respondents while 15.3 percent of responses come from Directors of Nursing with a staff of over 400 nurses. This last figure may be reflective of the fact that there are fewer larger institutions within the provinces than there are moderately sized institutions as will be discussed in the following text.

Institution Size

A more accurate assessment of the scope of control for the Director of Nursing in this study may be made by assessing the size of institution within which they operate. Small institutions with

100 to 199 patient beds composed 34.7 percent of the sample while large facilities of 500 to 699 patient beds accounted for 7.6 percent. Institutions with 200 to 299 patient beds comprised 20.3 percent of responses while facilities with 300 to 499 patient beds accounted for 24.6 percent. The largest centers with over 700 beds accounted for the remainder, 12.7 percent of respondents.

Affiliation with Faculty of School of Nursing

Of the 118 respondents, 67.8 percent indicated that their institution had some affiliation with either a university-based Faculty of Nursing, or with a college-and/or Hospital-based School of Nursing. Some institutions housed their own School of Nursing, while others provided learning experiences for various groups of nursing students from within the community. The remainder of respondents, 32.2 percent, did not have nursing students within their institutions.

Budget Decisions

The scale used to determine the numbers of budget items within the control of the Director of Nursing was adapted from Rice's (1978) study. He proposed that on the basis of the numbers of items that administrators controlled, an assumption could be made as to the degree of centralization or decentralization in terms of decision-making within the institution. On the basis of scores in this scale, 5.9 percent of respondents who submitted budget estimates on no more than one item were considered to be Directors of Nursing in Centralized institutions, 41.5 percent of respondents who submitted budget estimates on four or five items were considered to be Directors

Table 2

Frequency and Percentage of Organization by Selected Characteristics (N=118)*

Population of City		
30,000 or less	36	30.5
30,001 - 100,000	28	23.7
100,001 or greater	54	45.8
Type of Institution		
Active treatment	75	63.6
Psychiatric treatment	10	8.5
Auxiliary (extended care)	23	19.5
Centre for mentally retarded	5	4.2
Other	5	4.2
Ownership of Institution		
Private	3	2.5
Religious	16	13.6
Municipal	19	16.1
Provincial	66	55.9
Federal	3	2.5
Other	11	9.3
Number of Nurses Employed		
Less than 49	25	21.2
50 - 99	22	18.6
100 - 199	26	22.0
200 - 399	27	22.9
400 or more	18	15.3
Institution Size: Number of Patient Beds		
100 - 199	41	34.7
200 - 299	24	20.3
300 - 499	29	24.6
500 - 699	9	7.6
700 and over	15	12.7
Affiliation with Faculty or School of Nursing		
Yes	80	67.8
No	38	32.2

Table 2 (continued)

Budget Decision: Number of Budget Items Within Director of Nursing Control		
1	7	5.9
2	20	16.9
3	42	35.6
4	30	25.4
5	19	16.1
Percentage of Staff Resignation	(N=115	
less than 10%	26	22.6
10 - 19%	32	27.8
20 - 29%	30	26.1
30 - 39%	19	16.5
40 - 49%	5	4.3
greater than 50%	3	2.6

*For all variables, N=118 unless otherwise specified.

of Nursing in Decentralized systems while 52.5 percent of respondents who submitted budget estimates on two or three items composed the Intermediate group.

Staff Resignation

One of the hypotheses upon which this study was developed was that the job satisfaction of the Director of Nursing may affect the job satisfaction of their subordinates. One indication of job satisfaction, as has been documented in the literature, is the amount of staff turnover within a given period of time. Respondents were asked to indicate what percentage of their staff had resigned within the previous year. A large turnover, over 40 percent, was reported by 6.9 percent of the respondents. A turnover of less than 10 percent was reported by 22.6 percent, while 27.8 percent of respondents indicated they had experienced a staff resignation rate of 20 to 29 percent and 16.5 percent indicated they had lost between 30 and 39 percent of their staff.

The reasons that staff gave for leaving their positions are tabulated in Table 3. The primary reason for leaving was to "seek another position" followed by "spouse transferred." Third in rank was "pregnancy" while fourth was "returning to school." Other reasons cited for leaving were wanting to return home and getting married. In a subsequent section, the results of an analysis to determine if there is any relationship between the reasons for leaving and the job satisfaction of the Director of Nursing will be reported.

Table 3

Ranking Reasons for Leaving Staff Nurse Positions
(N=116)

Reason for Leaving	Mean	Ranking
Seeking another position	1.97*	1
Spouse transferred	2.41	2
Pregnancy	2.94	3
Returning to school	4.11	4
Other	4.65	5

* A lower mean score indicates that the item was selected more frequently as the primary reason for leaving.

Personal - Social Characteristics

The frequency and distribution of personal-social characteristics of respondents are reported in Table 4.

Sex

The ratio of females to males was approximately 9 to 1. Of the respondents, 89.8 percent were female and 10.2 percent were male.

Age

Approximately 20.3 percent were under forty years of age, while 37.3 percent were between forty and forty-nine. The age group of fifty to fifty-nine comprised 30.5 percent of the sample and the remainder, 11.9 percent were sixty years of age or over.

Working Status of Spouse

Of the total number of respondents 15.3 percent indicated that their spouse worked full time while 46.6 percent indicated that they did not. The remainder of respondents, 38.1 percent indicated that this question did not apply in their situation. Of those 62 respondents who replied to the question regarding their spouses being administrators, 27.4 percent indicated that they were employed as administrators while 72.6 percent were not.

Table 4

Frequency and Percentage Distribution of Personal and Social Characteristics of Respondents
(N=118)

CHARACTERISTIC	f	%
Sex		
Female	106	89.8
Male	12	10.2
Age		
Under 40	24	20.3
40 - 49	44	37.3
50 - 59	36	30.5
60 and over	14	11.9
Spouse Works Full Time		
Yes	18	15.3
No	55	46.6
Not Applicable	45	38.1
Working Spouse Employed as Administrator *		
Yes	17	27.4
No	45	72.6

* N = 62 The remainder of the sample (56) did not respond to the question. Presumably the question did not apply.

Professional Characteristics

The frequency and distribution of professional characteristics of respondents are reported in Table 5 and 6.

Number of Years of Administrative Experience

Respondents indicated the number of years of administrative experience for their present position, present province and for their career. Categories were one year, two to four years, five to nine years, ten to fourteen years, fifteen to nineteen years and twenty or more years. The frequency and distribution of respondents by experience are reported in Table 5.

Present Position. One half of respondents were in the first four years of employment in their present position. Of these, 19.5 percent were in their first year. Over one quarter of the respondents had held the same position for between five and nine years, while 6.8 percent had been in their present position for fifteen to nineteen years. Only 1.7 percent had been in their present position for twenty years or more.

Present Province Experience. Of all the respondents, 12.7 percent were in their first year in their present province, while 21.2 percent were in their second to fourth year. Over one quarter of respondents, 28.8 percent, had been in the same province for five to nine years, while 16.1 percent had remained in the same province for ten to fourteen years. The remainder, 21.2 percent had been in the same province for fifteen or more years.

Table 5

Frequency and Distribution of Professional Characteristics of Respondents: Years of Administrative Experience (N=118)

Number of Years	Present Position		Present Province		Career	
	f	%	f	%	f	%
1	23	19.5	15	12.7	13	11
2 - 4	36	30.5	25	21.2	26	22
5 - 9	32	27.1	34	28.8	42	35.6
10 - 14	17	14.4	19	16.1	17	14.4
15 - 19	8	6.8	17	14.4	14	11.9
20 or more	2	1.7	8	6.8	6	5.1

Career Experience. Total experience as Director of Nursing of the respondents was as follows: one year, 11 percent; two to four years, 22 percent; five to nine years, 35.6 percent; ten to fourteen years, 14.4 percent; fifteen to nineteen years, 11.9 percent; twenty or more years, 5.1 percent. The largest group (over one third of the respondents) had from five to nine years of experience as Directors of Nursing.

Highest Attained Level of Formal Education

The frequency and percentage distribution of respondents for professional characteristics is reported in Table 6. Over one third of the respondents reported having taken some post graduate courses while 18 percent had not taken any. A Bachelor's degree had been attained by 29.7 percent of respondents while 14.4 percent of the sample had received a Master's degree. None of the respondents had attained a Ph.D.

Continuing Education Activities

The largest group of respondents, 76.3 percent, had attended four or more continuing education activities. The smallest group, 1.7 percent had attended only one activity. Three activities were attended by 14.4 percent of the sample while 7.6 percent attended two continuing education conferences.

Involvement in Professional or Community Organizations

Over one half of the respondents, 56.8 percent, belonged to between one and three organizations while approximately one third,

Table 6

Frequency and Distribution of Professional Characteristics of Respondents (N=118)

Characteristics	f	%
Highest Attained Level of Formal Education		
No post graduate courses	22	18
Some post graduate courses	44	37.3
Bachelor's degree	35	29.7
Master's degree	17	14.4
Ph. D.	0	0
Continuing Education Activities Attended in the Past Year		
1	2	1.7
2	9	7.6
3	17	14.4
4 or more	90	76.3
Involvement in Professional or Community Organizations		
1 - 3	67	56.8
4 - 6	39	33.1
7 - 9	9	7.6
10 or more	3	2.5

33.1 percent, claimed to be members of between four and six organizations. Only 7.6 percent held memberships in from seven to nine organizations while 2.5 percent belonged to ten or more organizations.

Summary

The organizational, personal-social and professional characteristics of the sample of Directors of Nursing were described in this section. Variables and categories outlined were used for further analysis of the data in subsequent sections of this chapter. Overall on organizational characteristics, approximately half of the respondents were located in cities with a population of 100,000 or more people. Almost two thirds of the same were Directors of Nursing in active treatment hospitals and over half of the total sample were employed in provincially owned institutions. The sample included approximately 45 percent who were superordinate to a nursing complement of between 100 to 400 nurses and approximately the same percentage were administrators of institutions of 200 to 500 patient beds. Over two thirds of the respondents were affiliated with a Faculty of School of Nursing. In terms of the degree of centralization in decision making, the majority, 77.0 percent were employed in intermediate to decentralized institutions. Approximately one quarter of the sample had over 30.0 percent of their staff resign within the previous year with the primary reason for leaving being "seeking another position".

An examination of personal-social variables revealed that almost 90.0 percent of respondents were female and approximately two thirds were between the age of forty and sixty. Almost half indicated

that their spouse did not work full time and of those who did work, three quarters were not employed as administrators.

Three professional variables were employed in the study: experience, educational level, and involvement in professional or community organizations. The largest group of respondents, over one third, were grouped in the five to nine years career experience category. Over one third of the sample had taken some post graduate courses while almost 30.0 percent had a Bachelor's degree. The vast majority, over three quarters, had attended four or more continuing education activities within the past year and over half were involved in from one to three professional or community organizations in addition to their duties as Director of Nursing.

SECTION B: JOB FACETS ASSOCIATED WITH SATISFACTION AND DISSATISFACTION WITH THE JOB

In this section, statistical analyses are reported concerning the extent of overall job satisfaction, identification of sources of overall job satisfaction, the extent of satisfaction and dissatisfaction with satisfaction items and the identification of job facets deemed most important to job satisfaction by Directors of Nursing.

Overall Job Satisfaction

The percentage frequency distributions of responses to the overall satisfaction item and three additional items are presented in Table 7. The actual percentage frequency distributions for the six

Table 7

Percentage Frequency Distribution of Responses to Overall Job Satisfaction Items
(N=118)

OVERALL JOB SATISFACTION	PERCENTAGE OF RESPONSES						PERCENTAGE SATISFIED (Highly, Moderately and Slightly Satisfied)	MEANS
	Highly Satisfied	Moderately Satisfied	Slightly Satisfied	Slightly Dissatisfied	Moderately Dissatisfied	Highly Dissatisfied		
Overall Satisfaction with Job	35.6	50.8	6.8	4.2	1.7	0.8	93.2	5.11
Social Relationships	34.7	45.8	13.6	5.1	0.0	0.8	94.1	5.07
Use of Abilities	47.5	39.8	5.1	5.9	0.8	0.8	92.4	5.24
Effectiveness of Institution	44.9	46.6	3.4	5.1	0.0	0.0	94.9	5.31

response categories, the percentage satisfied (assessed by collapsing categories 1 to 3) and the mean score for each of the four items are provided. After using these four items in his study, Rice (1978) concluded that the best measure of overall job satisfaction was the single item.

On each item, more than 90.0 percent of respondents indicated that they were satisfied. The mean scores were found to approximate the value of the response category, moderately satisfied. The highest mean value, 5.31, was associated with the respondent's satisfaction with the effectiveness of their institution while the lowest mean value, 5.08, was associated with the Directors of Nursing satisfaction with social relationships within their job's context.

Overall Distribution of Responses to Satisfaction Items

Highest Percentage of Satisfaction

The response categories for each of the 46 items were collapsed to a dichotomous "satisfaction/dissatisfaction" scale. Table 8 presents the fourteen items for which more than 90.0 percent of respondents indicated they were satisfied. The percentage satisfied was assessed by collapsing the first three categories. The mean scores for each of the fourteen job facets identified as most satisfying are included in the table. The two job facets with the highest mean satisfaction levels were provisions for sick leave and freedom to seek out new ideas. The latter job facet also accounted for the highest percentage of Directors of Nursing indicating satisfaction.

Table 8

Fourteen Job Facets for Which the Highest* Percentages of Satisfaction Were Obtained

JOB FACET	PERCENTAGE SATISFIED	MEAN
Provision for sick leave	94.8	5.53**
Your freedom to seek out new ideas	98.3	5.41
Your freedom to introduce new ideas into the institution	95.8	5.19
Responsibility associated with your position	91.6	5.17
Your relationship with staff nurses	97.5	5.15
Your job security	94.1	5.15
General attitude of staff toward patients	96.6	5.14
Your involvement in decision-making in your institution	94.9	5.13
The authority associated with an administrative position	95.0	5.12
Accountability for success of patient care programs	96.6	5.11
The competence of your staff in coping with day to day problems	93.1	5.03
Consequences of participative staff decisions	94.9	4.85
The willingness of nurses to adopt director initiated innovation	93.1	4.80
The amount of recognition given to you by members of the professions	*** 91.9	4.80

* Only job facets with more than 90% of respondents satisfied are reported.
** Facets are provided in rank order using mean score.
*** Job facet on which N varied due to "not applicable" response.

Highest Percentage of Dissatisfaction

Table 9 reports the twelve items for which more than 20.0 percent of the respondents indicated dissatisfaction as represented by collapsing categories four to six. The mean value for each of the items identified is also listed. The lower the mean value the more dissatisfied respondents were with the particular job facet. Although the total sample (N) varies for several items, the adjusted frequency distribution reveals that the two job facets with which Directors of Nursing were most dissatisfied in terms of lowest mean score, were "provision for sabbatical or educational leave" and "portion of time devoted to operational duties." The former job facet was also identified with the highest percentage of respondents indicating dissatisfaction with this item.

Job Facets Most Important to Overall Satisfaction with the Job

Table 10 summarizes the job facets which Directors of Nursing identified as being most important to their feeling of satisfaction with the job. The analysis revealed that eight job facets had a mean value of greater than 5.0 and were therefore identified as very important to job satisfaction. The two job facets identified by respondents as being most important to their job satisfaction were the "competence of staff" and "the Directors of Nursing involvement in decision-making."

Table 9

Twelve Job Facets for Which the Highest* Percentage of Dissatisfaction Were Obtained

JOB FACET	PERCENTAGE DISSATISFIED	MEAN
Provision for sabbatical or educational leave for yourself	48.9 **	3.60 ***
Portion of time devoted to operational duties	31.3	4.03
Provision of custodial services for your institution	37.5 **	4.06
The way in which consultation between the hospital board and nurses concerning working conditions is conducted during the year.	36.5 **	4.09
Attitudes in your community toward health care.	24.0 **	4.16
The way in which collective bargaining is conducted.	33.7 **	4.26
Availability of counseling and health care services for staff.	24.1 **	4.37
Your relationship with patients.	22.9 **	4.51
Access of your staff to continuing education resources.	23.8	4.52
Evaluation of you in your position.	21.2 **	4.53
Salary you receive.	21.2	4.54
Your social position in the community.	21.0 **	5.07

* Only job facets with at least 20% of respondents dissatisfied are reported.

** Job facets on which N varied due to the "not applicable" response.

*** Facets are provided in rank order using mean scores.

Table 10

Eight Job Facets Identified as Most Important to the Feeling of Overall Satisfaction on the Job

JOB FACET	MEAN IMPORTANCE RATING
The competence of your staff	5.64
Your involvement in decision-making	5.63
Your freedom to seek out new ideas	5.60
General attitude of staff toward patients	5.59
Your relationships with the staff nurses	5.59
Responsibility associated with your position	5.55
Availability of advice to assist you	5.51
Your freedom to introduce new ideas into your institution	5.50

Summary

Findings related to the analysis of the responses in terms of overall job satisfaction indicated respondents were most satisfied with the effectiveness of their institution and were moderately satisfied with their overall job. The freedom to seek out new ideas was the job facet identified as contributing most to job satisfaction while provisions for sabbatical or educational leave was identified by the largest number of respondents as contributing most to job dissatisfaction. In terms of a job facet which was identified by Directors of Nursing as being most important to their job satisfaction, the competence of staff in solving day to day problems achieved the highest mean score.

SECTION C: JOB FACTORS

In order to reduce the forty-six job facets on the questionnaire into fewer more easily interpretable factors underlying the concept of overall job satisfaction, factor analysis was employed. A weighted satisfaction measure was obtained for each job facet by multiplying the "importance" scale rating by the adjusted "satisfaction" scale rating. In order to identify facets which were rated as very important to job satisfaction but with which respondents indicated high dissatisfaction, an adjustment to the satisfaction scale was required. Consequently, the numerical rating assigned to the satisfaction item by each respondent was transformed; a +3 for highly satisfied (6), +2 for moerately satisfied (5), +1 for slightly

satisfied (4), 0 for not applicable (0), -1 for slightly dissatisfied (3), -2 for moderately dissatisfied (2), and -3 for highly dissatisfied (1). This procedure was adopted from Onuoha's study (1980).

Following factor analysis, four factors were identified which accounted for 22.7 percent, 6.9 percent, 5.5 percent, and 5.4 percent of the total variance, respectively. Only items loading .40 or higher were considered to be primary sources of description for the factors. Review of those items for commonality of intent resulted in factor identification which best fit the terms of each item. The names of the four factors and the items loading .40 or higher for each factor as well as the percentage of variance attributed to each factor are shown in Table 11.

Job Factors as Predictors of Overall Job Satisfaction

Following identification of the four factors, stepwise multiple regression analysis was employed to determine the best predictors of the criterion variable overall job satisfaction. The results of this analysis are summarized in Table 12. This table shows the criterion variable, overall job satisfaction, the four predictor factors, the significance of the predictor factors, the percentage of variance accounted for by each factor and the cumulative percentage of variance accounted for by each factor.

The best predictor of overall job satisfaction was Responsibility. It was associated with 20.67 percent of the total variance in overall job satisfaction. The four significant variables ($p \leq .05$) together accounted for 28.10 percent of the variance.

Table 11

Summary of Factors Extracted From Factor Analysis

FACTOR	JOB FACET ITEM	LOADING	PERCENTAGE OF VARIANCE*
Recognition	Recognition by others of your work	.69	22.7
	Your sense of accomplishment as an administrator	.66	
	The variety of tasks you work on	.58	
	Your social position in the community	.53	
	Opportunity to help nurses with professional problems	.51	
	Attitudes in your community towards health care	.48	
	Your relationship with staff nurses	.45	
	The portion of time devoted to operational duties	.44	
	The amount of recognition given you by other professionals	.40	
	The number of hours you are expected to work	.40	
Responsibility	Your freedom to introduce new ideas into the institution	.79	6.9
	Your freedom to seek out new ideas	.68	
	Your involvement in decision-making	.61	
	Your authority over budget preparation	.52	

Table 11 (continued)

FACTOR	JOB FACET ITEM	LOADING	PERCENTAGE OF VARIANCE*
Responsibility	Responsibility associated with your position	.51	
	Your accountability for success of patient care programs	.47	
	Availability of advice to assist you	.47	
Working Conditions	Salary you receive	.66	5.5
	Consultation between hospital board and nurses concerning working conditions	.61	
	Provisions for sick leave	.56	
	Your physical working conditions	.56	
	Retirement benefits	.52	
	The number of hours you are expected to work	.48	
	The way collective bargaining is conducted	.44	
	Responsibility associated with your position	.41	
Resource Adequacy	Access of staff to continuing education resources	.63	5.4
	Availability of clerical personnel to assist you	.62	
	Opportunities for inservice for yourself	.55	
	Your relationship with the hospital board	.51	

Table 11 (continued)

FACTOR	JOB FACET ITEM	LOADING	PERCENTAGE OB VARIANCE*
Resource Adequacy	Expectations of the hospital board for you as D.O.N.	.50	
	Availability of counseling and health care services	.50	
	Attitudes in your community towards health care	.44	

*% Total Variance = 40.5

Table 12

Stepwise Multiple Regression Analysis Using Four Predictor Variables with Overall Job Satisfaction As Criterion Variable

CRITERION VARIABLE	FACTORS	INCREASE IN PREDICTION		% OF VARIANCE	
		F	p	INDIVIDUAL	CUMULATIVE
Overall Job Satisfaction	1. Responsibility	30.23	.00	20.67	20.67
	2. Recognition	21.73	.00	6.75	27.42
	3. Resource Adequacy	14.64	.00	0.39	27.81
	4. Working Conditions	11.04	.00	0.29	28.10

Satisfaction with Job Factors by Province

In order to determine if Directors of Nursing in a specific province were significantly more satisfied with particular job factors, an F test was carried out on the data. Table 13 summarizes the results of this analysis. The results indicated that only in the area of Working Conditions were Directors of Nursing in British Columbia significantly ($p \leq .10$) Scheffé level of significance) more satisfied than those in Alberta. The data analysis indicated that no significant difference existed among Directors of Nursing in the four provinces in terms of the remaining three job factors: Recognition, Responsibility and Resource Adequacy.

Comparison of Job Factors with Selected Variables

In order to compare selected continuous variables with respondents' satisfaction in terms of the four job factors, a series of F tests were carried out on the data. The results are summarized in Table 14. The mean value was used as the comparison indicator while the p value indicated whether the comparison was significant at the .05 level.

Size of City

Analysis of the data indicated that there were no significant differences in terms of satisfaction Directors of Nursing experienced with the four job factors when the respondents were categorized according to the size of city in which they were administrators.

Table 13

Analysis of Variance of Job Satisfaction Factors
Between Groups Categorized by Province

FACTOR	British Columbia	Alberta	Saskatchewan	Manitoba	p
	MEAN	MEAN	MEAN	MEAN	
Recognition	7.55	7.48	6.95	6.77	.89
Responsibility	11.36	11.43	12.25	10.21	.68
Working Conditions	7.48	4.47	7.29	6.06	.06 *
Resource Adequacy	8.34	8.01	9.67	6.17	.36

* British Columbia Directors of Nursing are significantly more satisfied with Working Conditions than are their counterparts in Alberta (Scheffé .10 level of significance)

Type of Institution

No signficant differences on satisfaction with factors existed between groups classified on the basis of type of institution in which respondents were employed.

Ownership of Institution

In terms of ownership of the employing facility, no significant differences were found among respondents on satisfaction with the four job factors.

Number of Full Time Equivalent Nurses

Analysis of the data indicated that there were no significant differences on satisfaction with job factors in terms of the number of full time equivalent nurses employed in the facility of which the respondent was the Director of Nursing.

Number of Patient Beds

An inspection of the means in Table 14 revealed that significant differences between groups classified on the basis of number of patient beds within the respondents' employing facility were evident for two factors, Recognition and Resource Adequacy.

On Recognition, the probability level of .05 indicated that a significant difference existed. A Scheffé test revealed that institutions with 500 or more patient beds employed Directors of Nursing who were significantly less satisfied with the aspect of Recognition in their jobs than were their counterparts in institutions of 300 to 499 patient beds.

Table 14

Analysis of Variance
Job Satisfaction Factors and Selected Variables

VARIABLE	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
1. Size of City			.57		.81		.27		.60
30,000 or less	36	7.67		11.19		7.39		7.41	
30,001 - 100,000	28	7.76		11.86		6.49		8.96	
100,001 or greater	54	6.84		11.10		5.57		8.04	
2. Type of Institution			.18		.49		.30		.47
Active treatment	75	6.83		11.49		7.05		8.30	
Psychiatric treatment	10	5.95		9.03		3.83		5.48	
Auxiliary (extended care)	23	8.49		11.52		5.19		9.19	
Centre for mentally retarded	5	9.35		10.00		6.03		6.17	
Other	5	9.82		13.63		6.40		6.43	

Table 14 (continued)

VARIABLE	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
3. Ownership of Institution			.83		.45		.74		.13
Private	3	4.00		11.52		7.96		10.11	
Religious	16	7.24		11.86		8.06		7.68	
Municipal	19	7.06		10.77		5.95		8.14	
Provincial	66	7.43		10.88		5.97		7.16	
Federal	3	7.15		10.19		4.96		11.56	
Other	11	8.11		14.29		6.75		12.44	
4. Number of Full Time Equivalent Nurses			.26		.54		.20		.45
49 or less	25	7.33		10.86		5.09		7.43	
50 - 99	22	8.26		9.87		8.07		7.49	
100 - 199	26	7.98		12.08		7.22		9.44	
200 - 399	27	7.19		12.09		6.23		8.93	
400 or more	18	5.36		11.43		4.89		6.37	

Table 14 (continued)

VARIABLE	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
5. Number of patient beds			.05*		.70		.09		.04*
100 - 199	41	7.59		10.83		7.86		7.84	
200 - 299	24	7.15		11.50		5.34		8.88	
300 - 499	29	8.66 +		12.19		6.27		10.00 +	
500 or more	24	5.36 +		10.89		4.86		5.32 +	
6. Number of Budget Items for Which Submissions are Made			.53		.32		.56		.96
1 Centralized	7	8.88		11.57		8.30		9.64	
2 > Intermediate	20	8.49 > 7.22		9.94 > 10.36		5.62 > 6.37		8.20 > 8.15	
3 > Intermediate	42	6.95 > 7.22		10.77 > 10.36		7.11 > 6.37		8.09 > 8.15	
4 > Decentralized	30	6.75 > 6.97		11.73 > 12.46		5.59 > 5.74		7.58 > 7.83	
5 > Decentralized	19	7.19 > 6.97		13.19 > 12.46		5.89 > 5.74		8.07 > 7.83	

Table 14 (continued)

VARIABLE	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
7. Age			.15		.66		.32		.001*
under 39	24	5.70		11.07		4.63		4.38 +	
40 - 49	44	7.86		11.99		7.06		10.27 +	
50 - 59	36	7.19		10.56		6.55		7.40	
60 and over	14	8.64		11.49		6.54		9.19	
8. Years of Experience			.74		.53		.14		.96
1	13	8.18		11.59		4.63		7.05	
2 - 4	26	7.54		12.78		8.42		7.85	
5 - 9	42	7.17		10.63		5.94		8.46	
10 - 14	17	6.15		11.28		5.12		8.49	
15 or more	20	7.74		10.69		6.67		7.83	

Table 14 (continued)

VARIABLE	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
9. Postgraduate Courses			.65		.44		.49		.09
none	22	8.19		11.76		7.34		10.73	
some	44	7.38		10.32		5.46		7.29	
Bachelor's degree	35	6.66		11.84		6.49		7.00	
Master's degree	17	7.34		12.22		7.04		8.82	
10. Continuing Education Activities Attended During the Last 2 Years			.12		.82		.92		.26
1	2	11.91		10.71		4.50		11.17	
2	9	6.32		10.56		6.21		10.48	
3	17	5.57		12.33		5.80		8.32	
4	90	7.64		11.21		6.50		7.93	

Table 14 (continued)

VARIABLE	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
11. Membership in Organizations			.03*		.03*		.31		.03*
1 - 3	67	7.07		11.15		6.24		8.29	
4 - 6	39	6.67 +		10.42 +		5.75		6.65	
7 - 9	9	10.63		14.44		9.26		13.24 +	
10 or more	3	11.12 +		17.14 +		7.79		6.05 +	
12. Percentage of staff resignation within the last year			.88		.79		.24		.73
less than 10%	26	7.88		10.07		7.06		8.60	
11 - 20%	32	6.83		11.88		6.91		7.39	
21 - 30%	30	6.96		11.80		6.19		8.69	
31 - 40%	19	7.56		11.47		6.41		8.29	
41 - 50%	5	6.36		10.20		2.28		5.50	
greater than 50%	3	9.21		11.43		1.33		4.39	

Table 14 (continued)

VARIABLE	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
13. Spouse Works Full Time			.33		.87		.14		.67
No	18	8.57		11.79		7.63		8.47	
Yes	55	7.35		11.09		5.36		8.46	
Not applicable	45	6.76		11.39		7.04		7.42	

* Denotes significant difference between pair of groups at .05 level

† Indicates which groups are significantly different

Number of Budget Items for Which Submissions Are Made

As was indicated previously, this variable, adapted from Rice's 1978 study, was used as an indicator of the degree of centralization in terms of decision-making present within the respondent's institution. The investigator sought to determine if Directors of Nursing in centralized institutions were more satisfied with the four job factors than were those in decentralized facilities. For purposes of comparison, an average of the means for groups 2 and 3 as well as groups 4 and 5 serve as mean values for the Intermediate group (mean=7.22) and the Decentralized group (mean=6.97).

Analysis of the data revealed that no significant differences existed between groups categorized by degree of centralization on the four job factors.

Age

An examination of Table 14 disclosed that a significant difference existed between respondents in the under 39 year and 40 to 49 years of age group for one of the four job factors. With a probability value of .001 analysis revealed that Directors of Nursing who were under 39 years of age were significantly less satisfied with the Resource Adequacy aspect of their job than were those in the 40 to 49 year age group.

Years of Experience

In terms of years of experiences as a Director of Nursing, no significant differences existed between groups on satisfaction with the four job factors.

Postgraduate Courses

Analysis of the data revealed no significant differences between groups of respondents classified according to number of post-graduate courses and/or degrees obtained on satisfaction with factors in their job.

Continuing Education Activities Attended

Table 14 revealed that no significant differences existed between groups categorized according to the number of continuing education activities attended in the past two years in terms of job factor satisfaction.

Membership in Organizations

Among Directors of Nursing classified according to the number of memberships held in professional or community organizations, statistically significant differences were found on three factors: Recognition, Responsibility and Resource Adequacy. Because of the variable N for the categories in this analysis, caution must be exercised when drawing conclusions.

On Recognition the probability value of .03 indicated that a significant difference between groups existed. Further analysis revealed that respondents who belonged to four to six organizations were significantly less satisfied with the Recognition aspect of their job than were those who had memberships in ten or more organizations.

Table 14 revealed that with a probability value of .03, a significant difference existed in terms of Responsibility on the job.

Further analysis revealed that Directors of Nursing who belonged to ten or more organizations were significantly more satisfied with this job factor than were those who held four to six memberships.

In terms of Resource Adequacy, the probability value of .03 indicated that a significant difference existed between groups. Respondents who held membership in seven to nine organizations were significantly more satisfied with Resource Adequacy in their institutions than were Directors of Nursing who belonged to ten or more organizations.

The results of the data analysis, therefore, indicated that for two of the four factors, Recognition and Responsibility, Directors of Nursing who belonged to ten or more professional or community organizations were significantly more satisfied than were their counterparts holding four to six memberships. Perhaps respondents in the more satisfied group found additional satisfaction with aspects of recognition and responsibility because of the number and variety of organizations with which they were involved.

Unlike the greater satisfaction associated with the group belonging to ten or more organizations in terms of the first two job factors, this group was the least satisfied with resource adequacy in their institutions. Perhaps a greater exposure to resources available within the community as a whole resulted in respondents in this group being more critical of resources in their specific facilities when comparisons were made.

Percentage of Staff Resignations

Analysis of the data revealed that satisfaction with the four factors was not significantly related to the percentage of staff resignations within the past year in the respondent's health care facility.

Working Status of Spouse

No significant differences existed in terms of satisfaction with the four job factors when respondents were classified according to whether or not their spouse worked full time.

In order to determine if significant differences existed on job factor satisfaction in terms of dichotomous variables a series of T tests were carried out. The results of this analysis are summarized in Table 15.

School of Nursing Affiliation

Analysis of the data revealed that no significant differences in satisfaction with the four job factors existed between groups of respondents when classified according to whether or not their institutions were affiliated with a Faculty or School of Nursing.

Sex

Examination of Table 15 revealed that no significant differences on job factor satisfaction existed between male and female respondents.

Table 15

Comparison of Job Satisfaction in Selected Groups of Respondents

VARIABLES	N	FACTOR 1 RECOGNITION		FACTOR 2 RESPONSIBILITY		FACTOR 3 WORKING CONDITIONS		FACTOR 4 RESOURCE ADEQUACY	
		MEAN	p	MEAN	p	MEAN	p	MEAN	p
1. School of Nursing Affiliation			.49		.46		.15		.71
Yes	80	7.12		11.55		5.87		8.21	
No	38	7.71		10.80		7.35		7.76	
2. Sex			.84		.81		.95		.16
Female	106	7.34		11.27		6.33		8.33	
Male	12	7.07		11.64		6.44		5.72	
3. Spouse works as an Administrator			.94		.19		.24		.42
Yes	17	7.56		10.03		4.31		9.73	
No	44	7.46		11.57		6.19		8.35	

Spouse Works as Administrator

No significant differences existed between groups categorized according to whether the respondent's spouse also worked as an administrator when analyzed according to job factor satisfaction.

Ranking Job Factors

In order to determine how satisfied respondents were with each of the four job factors in their own positions as well as to determine the rank order of the factors in terms of satisfaction, t tests bewteen the four factors were carried out. The results are summarized in Table 16.

As the results indicate, a significant difference between all of the paired mean scores was obtained with the exception of the difference between the factor of Recognition and Resource Adequacy. Here the two-tailed probability level was 0.16. As a result, the rank ordering of job factors in terms of how satisfied respondents were with each factor was as follows.

Respondents were most satisfied with the Responsibility aspect of their job. Second, they were satisfied with the Resource Adequacy factor followed by Recognition in the job. Respondents were least satisfied with their Working Conditions as demonstrated by a mean value of 6.35.

Summary

In order to reduce the forty-six job facets enumerated on the questionnaire, the data was subjected to factor analysis using a

Table 16

Order of Factors According to Satisfaction

FACTOR	MEAN	STANDARD DEVIATION	2 - TAIL PROBABILITY	RANK
1. Recognition	7.31	4.37	Between Factor 1 & 2 = .000 1 & 3 = .037 1 & 4 = .159	3
2. Responsibility	11.31	5.12	Between Factor 2 & 3 = .000 2 & 4 = .000	1
3. Working Conditions	6.35	5.21	Between Factor 3 & 4 = .004	4
4. Resource Adequacy	8.07	6.08		2

VARIMAX rotation. As a result, four job satisfaction factors were isolated which underlie the concept of job satisfaction specific to this sample. The factors were: Recognition, Responsibility, Working Conditions and Resource Adequacy. Of the four, the Responsibility factor was determined to be the best predictor of overall job satisfaction.

Analysis was then carried out to determine if Directors of Nursing from a particular province were more satisfied with specific job factors than were their counterparts in other provinces. Respondents in British Columbia were identified as being significantly more satisfied with their Working Conditions than were their colleagues in Alberta.

Directors of Nursing of institutions with 500 or more patient beds as well as those who belonged to ten or more professional or community organizations were significantly more satisfied with aspects of Recognition and Responsibility but less satisfied with Resource Adequacy in their facilities. Respondents who were under 39 years of age were significantly less satisfied with Resource Adequacy than were respondents from 40 to 49 years of age.

When the four job factors were assessed as to how satisfied respondents were with each, the factors were placed in the following rank order: Responsibility, Resource Adequacy, Recognition and Working Conditions.

SECTION D: OVERALL JOB SATISFACTION

Analysis of variance was performed on the data in order to determine which respondents, categorized according to selected variables, were most satisfied with their jobs in terms of their overall job satisfaction scores. This analysis served as a basis for comparison of results discussed in the previous section. The investigator sought to know if responses were different if they were analyzed according to overall job satisfaction or satisfaction with the four job factors discussed previously. The assumption was that the results should be the same.

The results of the analysis of variance are reported in Table 17 through 31. The appropriate table is indicated adjacent to each variable.

Size of City: Table 17

With respect to the size of city in which respondents were employed, the F value of 2.20 and the associated probability of .1 indicated that no significant difference existed in terms of overall job satisfaction among the three groups.

Type of Institution: Table 18

At least one significant difference occurred between the pairs of means of the five groups. The obtained F value of 2.52 had an associated probability of 0.05. The Scheffé test revealed that the significant difference occurred between Psychiatric treatment institutions' mean score of 4.40 and the mean score 5.43 of Auxiliary

Table 17

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified on the Basis of Size of City

SIZE OF CITY	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
30,000 or less	4.86	1.05	117	2.20	.10	36
30,001 - 100,000	5.14	.97				28
100,001 or greater	5.28	.81				54

Table 18

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified on the Basis of Type of Institution

TYPE OF INSTITUTION	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	Number of Respondents
Active Treatment	5.12	.88	117	2.52	.04*	75
Psychiatric Treatment	4.40	1.35				10
Auxiliary (Extended Care)	5.43	.59				23
Care for Mentally Retarded	4.80	1.64				5
Other	5.40	.55				5

* Significantly different at .05 level.

or Extended Care facilities. Thus, Directors of Nursing in Auxiliary or Extended Care facilities were significantly more satisfied with their job in all aspects than were those in Psychiatric treatment centers.

Ownership of Institution: Table 19

Analysis of variance on overall job satisfaction indicated no significant difference in terms of groups classified according to ownership of the institution with which the Director of Nursing was associated.

Number of Nurses Employed: Table 20

No statistically significant differences on overall job satisfaction were indicated by analysis of variance between groups based upon numbers of full-time equivalent nurses employed by the institution.

Number of Patient Beds: Table 21

No statistically significant differences on overall job satisfaction were indicated by analysis of varianee between groups on number of patient beds within the facility.

Age: Table 22

Analysis of variance indicated no significant difference on overall job satisfaction between groups classified according to age.

Table 19

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified on the Basis of Ownership of Institution

OWNERSHIP	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
Private	5.33	.58	117	1.08	.37	3
Religious	5.50	.63				16
Municipal	4.89	.99				19
Provincial	5.05	.99				66
Federal	5.67	.58				3
Other	5.18	.87				11

Table 20

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Numbers of Nurses Employed

NUMBER OF NURSES EMPLOYED	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
49 or less	5.12	.88	117	.20	.94	25
50 - 99	5.05	1.13				22
100 - 199	5.23	.65				26
200 - 399	5.15	.95				27
400 or more	5.00	1.14				18

Table 21

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Number of Patient Beds

NUMBER OF PATIENT BEDS	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
100 - 199	5.05	.92	117	1.52	.21	41
200 - 299	5.29	.69				24
300 - 499	5.31	.89				29
500 and over	4.83	1.17				24

Table 22

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Age

AGE	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
Under 39	5.25	.74	117	.76	.52	24
40 - 49	5.09	.83				44
50 - 59	4.97	1.18				36
60 and over	5.36	.84				14

Years of Experience: Table 23

No statistically significant differences on overall job satisfaction were indicated by analysis of variance between groups classified according to number of years of experience as a Director of Nursing.

Number of Postgraduate Courses: Table 24

Analysis of variance indicated no statistically significant differences on overall job satisfaction between the groups in terms of number of graduate courses taken.

Working Status of Spouse: Table 25

There were no significant differences on overall job satisfaction between the groups, with respect to whether or not spouses worked full time.

Percentage of Nursing Staff Resignations: Table 26

With respect to the percentage of staff turnover within the past year, analysis of variance indicated no statistically significant differences between the groups on overall job satisfaction.

Affiliation with School of Nursing: Table 27

Analysis of variance indicated no statistically significant differences between the groups in terms of whether the institution with which the Director of Nursing was associated had any affiljation with a Faculty of School of Nursing.

Table 23

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified Acoording to Numbers of Years of Experience

YEARS OF EXPERIENCE	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
1	5.38	.96	117	1.46	.22	13
2 - 4	5.42	.50				26
5 - 9	5.00	.99				42
10 - 14	4.94	1.14				17
15 or more	4.95	.99				20

Table 24

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Numbers of Postgraduate Courses

NUMBER OF POSTGRADUATE COURSES	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
No Postgrad Courses	5.23	.97	117	.70	.55	22
Some Postgrad Courses	5.00	1.06				44
Bachelor's Degree	5.09	.89				35
Master's Degree	5.35	.61				17

Table 25

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Whether Spouse Works Full Time

SPOUSE WORKING	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	P	NUMBER OF RESPONDENTS
No	5.00	1.08	117	.29	.75	18
Yes	5.18	.94				55
Not Applicable	5.09	.87				45

Table 26

One Way Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Percentage of Nursing Staff Resignations

PERCENTAGE OF STAFF RESIGNATIONS	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	F	p	NUMBER OF RESPONDENTS
Less than 10%	5.19	1.23	114	.22	.88	26
10 - 20%	5.09	.64				32
21 - 30%	5.17	.87				30
31% or greater	5.00	1.04				27

Table 27

Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Affiliation with School of Nursing

AFFILIATION WITH SCHOOL OF NURSING	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	T VALUE	2-TAIL PROBABILITY	NUMBER OF RESPONDENTS
Yes	5.11	.97	116	-0.10	.92	80
No	5.13	.88				38

Sex: Table 28

There were no significant differences in overall job satisfaction between male and female respondents.

Number of Conferences Attended Within Past Two Years: Table 29

Analysis of variance indicated no statistically significant differences on satisfaction with the job between groups classified with respect to number of conferences attended within the past two years.

Number of Memberships in Professional or Community Organizations: Table 30

There were no significant differences on overall job satisfaction between groups classified according to the number of professional or community organization memberships held.

Spouse Employed as Administrator: Table 31

Analysis of variance indicated no significant differences on overall job satisfaction between groups classified according to whether the spouse of the Director of Nursing was employed as an administrator.

Summary

Analysis of the extent to which respondents experienced overall satisfaction with their job indicated that differences in overall job satisfaction were associated with only one variable,

Table 28

Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Sex

SEX	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	T VALUE	2-TAIL PROBABILITY	NUMBER OF RESPONDENTS
Female	5.13	.97	116	.46	.65	106
Male	5.00	.60				12

Table 29

Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Numbers of Conferences Attended Within the Past Two Years

NUMBER OF CONFERENCES	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	T VALUE	2-TAIL PROBABILITY	NUMBER OF RESPONDENTS
1 - 3	4.93	1.05	116	-1.23	.22	28
4 or more	5.18	.89				90

Table 30

Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Number of Memberships Held in Community and/or Professional Organizations

NUMBER OF ORGANIZATIONS	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	T VALUE	2-TAIL PROBABILITY	NUMBER OF RESPONDENTS
1 - 3	4.99	.96	116	-1.79	.08	67
4 or more	5.29	.88				51

Table 31

Analysis of Variance of Overall Job Satisfaction Among Directors of Nursing Classified According to Whether Spouse was Employed as an Administrator

SPOUSE AN ADMINISTRATOR	MEAN SCORE	STANDARD DEVIATION	DEGREES OF FREEDOM	T-VALUE	2-TAIL PROBABILITY	NUMBER OF RESPONDENTS
YES	4.94	1.09	59	-1.15	.25	17
NO	5.27	.97				44

type of institution in which the respondent was an administrator. Directors of Nursing of Psychiatric treatment facilities were significantly less satisfied with their jobs than were their counterparts in Auxiliary or Extended Care facilities.

Although there were similarities in the results of analysis of overall job satisfaction and satisfaction with the four job factors, consistency was not achieved. Implications and possible explanations for the same are discussed in the final chapter.

SECTION E: CONTENT ANALYSIS OF OPEN ENDED RESPONSES

One of the problems addressed by this study was to determine whether the job satisfaction as obtained from this sample would be consistent with Herzberg's theory. In order to establish a data base upon which to examine this question, respondents were asked to identify two facets of their job which contributed most to their overall job satisfaction and two facets that contributed most to their overall job dissatisfaction, (Section E of questionnaire).

In order to categorize responses, each job facet identified by the respondents was placed into a satisfier or a dissatisfier group. Job facets within each group were written using direct quotations from the questionnaires and frequency of responses were scored alongside the job facet which most appropriately corresponded to the response. As a result, thirteen job facets were identified in the satisfier group and twenty-two facets were identified in the dissatisfier group. Table 32 represents the division of job facets into satisfier and dissatisfier groups as well as the frequency distribution of responses

from facets most frequently identified to those least frequently cited for each group.

A review of Table 32 revealed that, for this sample, the "freedom to introduce new ideas for improved patient care," constituted the job facet most frequently cited as contributing to overall job satisfaction. The second most satisfying job facet was the "relationship with and support of subordinate staff," while a "supportive relationship with the hospital administrator" was the third most frequently identified job facet contributing to job satisfaction. It appears that the freedom to be innovative as well as the positive relationships developed within the job's context contributed most to overall job satisfaction for Directors of Nursing in Western Canada.

Job facets contributing most to overall dissatisfaction were more diverse. An analysis of responses revealed that Directors of Nursing felt quite frustrated by the lack of support from medical staff for nursing programs within the institution. Several felt that the image of the nurse as the doctor's handmaiden had not been relegated to the halls of antiquity but rather was "alive and well" within the conceptual framework of many medical doctors. As one Director of Nursing of a large active treatment hospital put it:

> Job satisfaction is undermined by a lack of cooperation and team spirit in administration from medical staff. Planning for development and for the use of time is difficult because of the numbers of 'crises' caused by lack of understanding by medical staff of administrative issues and problems, and the need for coordination and planning.

The third most frequently referred to facet of the job which resulted in overall dissatisfaction was the "involvement of unions"

(eighteen references). One Director of Nursing of a small rehabilitation and extended care facility stated that:

> There is a constant feeling of helplessness with the increasing strength and demands of the union. This permeates everything including cost factors which escalates with each new union contract agreement.

It should be noted that this study was conducted during a period of time when two of the four provinces, Alberta and British Columbia, were experiencing province-wide contract negotiations with their nurses. Both provinces also experienced strikes by the nursing labor force. This situation may in part, be responsible for the frequency of response as well as the vehemence with which Directors of Nursing identified the facet in terms of job dissatisfaction.

Besides the facets of the job which seem to be dissatisfiers to administrators in general, for example, too little time and budget restrictions, the next most frequently cited dissatisfier for this sample was the "unavailability of trained professional staff." This factor would appear to support the writer's initial contention that there is a "shortage of qualified nurses within the health care system." One Director of Nursing of a small active treatment hospital stated:

> The nonavailability of qualified nurses is an increasing frustration which seriously erodes job satisfaction. The amount of time spent recruiting, orientating and training is out of proportion to the amount of time avaiable to 'nursing'.

A Comparison of Sample Responses with Herzberg's Theory

In order to compare the job facets described by the study's respondents with Herzberg's two-factor theory, responses were grouped

Table 32

Job Facets Identified as Contributing Most to Overall Job Satisfaction and Dissatisfaction

SATISFACTION			DISSATISFACTION		
JOB FACET	FREQUENCY	PERCENTAGE	JOB FACET	FREQUENCY	PERCENTAGE
1. Freedom to introduce new ideas for improved patient care	46	22.89	1. Medical staff bias resulting in lack of support	22	11.40
2. Relationships with and support of subordinate staff	34	16.92	2. Budget restrictions	21	10.88
3. Supportive relationship with hospital administrator	25	12.44	3. Unionism	18	9.33
4. Accomplishment of goals	14	6.97	4. Too little time	17	8.81
5. Autonomy	14	6.97	5. Lack of staff commitment	14	7.25
6. Variety and challenge of job	14	6.97	6. Poor communication with Administrator	14	7.25
7. Involvement in decision - making	13	6.47	7. Unavailability of trained professional staff	13	6.74
8. Interaction with many different people	11	5.46	8. Paperwork	13	6.74
9. Acceptance of professional contribution	9	4.47	9. Lack of recognition of nurse administrators	10	5.18
10. Seeing staff develop skills	8	3.98	10. Unavailability of continuing education activities	8	4.15
			11. Slow change	6	3.11

Table 32 (continued)

SATISFACTION			DISSATISFACTION		
JOB FACET	FREQUENCY	PERCENTAGE	JOB FACET	FREQUENCY	PERCENTAGE
11. Authority	6	2.99	12. Repetitious aspects of job	6	3.11
12. Improved level of staff motivation	6	2.99	13. Communication with government	4	2.07
13. Salary	1	0.50	14. Bureaucratic red tape	4	2.07
			15. Stress of the job	4	2.07
			16. Lack of follow through on decisions	4	2.07
			17. Lack of input re: budget	4	2.07
			18. Effect on personal life	3	1.55
			19. Salary	3	1.55
			20. Becoming remote from personnel	2	1.04
			21. Difficulty delegating	2	1.04
			22. Lack of space	2	1.04
N =	201	100	N =	93	100

according to Hygiene and Motivator factors as described by Herzberg et al. (1959). In his theory, Herzberg identified the following as Motivating factors in one's job: Achievement, Recognition, Work Itself, Responsibility and Advancement. The following were Hygiene factors: Policy and Administration, Interpersonal Relationships, Supervision, Salary, Working Conditions, Status, Security, Possibility of Growth and Personal Life. The investigator found no references by respondents which could be placed in the following categories and consequently these were eliminated from the Hygiene and Motivator categories: Advancement, Supervision, Status, and Security. Table 33 summarizes the results of the categorization and identifies the percentage of responses (noted in Table 32) relevant to each. The results of the categorization indicate that respondents identified job facets in the Motivator groups as contributing to job satisfaction almost two and one half times more often than to job dissatisfaction, 50.16 percent, as compared to 18.65 percent. Directors of Nursing identified job facets, categorized as Hygiene factors, almost three times more often when describing incidents related to job dissatisfaction, 81.87 percent, as compared to 29.87 percent, related to job satisfaction. The investigator experienced some hesitancy categorizing the job facets "relationship with staff" and "relationship with administrator" under Herzberg's Interpersonal Relations category as it was felt that these two facets may have been more appropriately placed under Herzberg's Motivator category, Work Itself. The responsibilities of a Director of Nursing include these two job facets within the context of his or her job. However, in

Table 33

Job Facets Categorized According to Herzberg's Two-Factor Theory

MOTIVATOR				HYGIENE			
Described as Satisfier		Described as Dissatisfier		Described as Satisfier		Described as Dissatisfier	
Job Facet	%	Job Facet	%	Job Facet	%	Job Facet	%
1. Achievement:		1. Achievement		1. Policy and Administration		1. Policy and Administration	
-Accomplishment of goals	6.97					- Budget restrictions	10.88
-Staff develop skills	3.98					- Unionism	9.33
-Improved staff motivation	2.99					- Communication with Government	2.07
2. Recognition		2. Recognition				- Bureaucratic red tape	2.07
-Acceptance of professional contribution	4.47	- Lack of recognition of nurse administrator	5.18	2. Interpesonal Relations		2. Interpersonal Relations	
				- Relationship with staff	16.92	- Medical staff bias	11.40
3. Work Itself		3. Work Itself		- Relationship with administrator	12.44	- Lack of staff commitment	7.25
- Introduce new ideas	22.89	- Repetitious	3.11			- Poor communication with administrator	7.25
- Variety and challenge	6.97	- Stress of job	2.07				
- Involved in decision making	6.47	- Slow change	3.11			- Remote from personnel	1.04
- Interaction with different people	5.46	- Lack of follow through on decisions	2.07				
		- No input re: budget	2.07	3. Salary	.50	3. Salary	1.55

Table 33 (continued)

MOTIVATOR				HYGIENE			
Described as Satisfier		Described as Dissatisfier		Described as Satisfier		Described as Dissatisfier	
Job Facet	%	Job Facet	%	Job Facet	%	Job Facet	%
4. Responsibility		4. Responsibility		4. Working Conditions		4. Working Conditions	
- Autonomy	6.97	- Difficulty delegating	1.04			- Too little time	8.81
- Authority	2.99					- Unavailable staff	6.74
						- Paperwork	6.74
						- Lack of Space	1.04
				5. Possibility of Growth		5. Possibility of Growth	
						- Unavailability of educational opportunity	4.15
				6. Personal Life		6. Personal Life	
						- Effect on personal life	1.55
Total	50.16	Total	18.65	Total	29.86	Total	81.87

order to strictly adhere to Herzberg's classifications the two job facets were placed in the Hygiene group. Had they been placed in the Motivator group, respondents would have almost unanimously identified job facets categorized as Hygiene factors when describing incidents related to job dissatisfaction and would have identified Motivating factors four times as often in relation to satisfying incidents as those contributing to dissatisfaction in the job.

Summary

As the analysis indicated, job facets identified by Directors of Nursing in Western Canada which contribute to job satisfaction and dissatisfaction generally adhered to Herzberg's two-factor theory. Difficulty in categorization of job facets referred to by the respondents however resulted in the investigator being wary of unconditional acceptance of the Herzberg's theory for this sample. The nature of an administrator's position dictates that certain responsibilities may be considered "part of the job," such as interpersonal relations, whereas in Herzberg's studies this particular factor was considered apart from the work itself.

Table 34 summarizes those categories used by Herzberg to identify Hygiene and Motivator factors. Those job factors identified by Directors of Nursing in Western Canada which corresponded with Herzberg's categories have been identified for purposes of comparison. As was noted previously, no mention was made by respondents to the factor of Advancement in terms of Herzberg's Motivator category. Respondents did not cite examples of situations related to Herzberg's

Table 34

Comparison of Herzberg's Motivator and Hygiene Categories with Situations Described By Directors of Nursing

MOTIVATORS		HYGIENE FACTORS	
HERZBERG	DIRECTORS OF NURSING	HERZBERG	DIRECTORS OF NURSING
Achievement	Yes	Policy and Administration	Yes
Recognition	Yes	Interpersonal Relations	Yes
Work Itself	Yes	Supervision	No
Responsibility	Yes	Salary	Yes
Advancement	No	Working Conditions	Yes
		Status	No
		Security	No
		Possibility of Growth	Yes
		Personal Life	Yes

Yes - indicates that Directors of Nursing referred to incidents within these categories when describing satisfying or dissatisfying situations

No - Directors of Nursing did not refer to incidents within these categories when describing satisfying or dissatisfying situations

categories of Supervision, Status and Security.

CHAPTER 5

SUMMARY, CONCLUSIONS AND IMPLICATIONS

This chapter includes a summary of the study including its purpose, methodology and major findings. In addition, conclusions drawn from the results as well as implications for administration and further study are discussed.

SUMMARY

Nature of the Study

The purpose of this study was to assess the extent to which Directors of Nursing of health care institutions in Western Canada were satisfied with their jobs. Specifically, the intent was to determine the job facets with which the respondents were most satisfied or most dissatisfied as well as which facets the Directors of Nursing identified as being most important to their job satisfaction. In addition, by requesting that respondents identify those aspects of their jobs that contributed most to their satisfaction and dissatisfaction, the applicability of an existing theory to this sample could be assessed.

A review of the literature pertaining to job satisfaction revealed that the majority of articles written appeared to address employees in business, educational or industrial organizations. Few attempts had been made to analyze the degree of job satisfaction experienced by nursing personnel and of those only two were related to Directors of Nursing. A review of the nursing related literature revealed that there was a need to study this group of individuals

particularly in view of the fact that the number of nurses leaving the profession was growing and that projections indicated that the trend would continue.

Methodology

No suitable instrument was found in the nursing related literature, consequently adaptations were made to an existing questionnaire used by Rice (1978). Rice investigated the job satisfaction of 410 school principals in Alberta. The format of the instrument categorized job facets according to organizational, social, personal and professional variables which the investigator felt could be applied to nursing administrators. Following testing for validity, several revisions were made and the questionnaire was sent to 141 Directors of Nursing of health care institutions in Western Canada, which had over 100 patient beds. Candidates for this study were chosen based upon information documented in the Canadian Hospitals Directory.

Data Analysis

Data from the questionnaires were key-punched onto IBM computer cards. Appropriate statistical measures were employed in order to determine the level of satisfaction as well as the differences in job satisfaction scores based on demographic data. In order to accomplish this, tests to determine frequency and percentage of response on demographic variables, mean scores, analysis of variance and probability tests were carried out. A factor analysis was used to determine the factors which were present in the responses to the

46 items. Analysis of Variance was used to test for differences between groups. For those tests where F values were significant at the .05 level, the Scheffé-multiple comparison of means was used to identify which groups were significantly different.

Review of Major Findings

In this section the findings are summarized as they apply to each of the five problems which was investigated.

Problem 1: Overall Satisfaction

Sub-Problem 1.1. "To what extent do Directors of Nursing in Western Canada experience overall job satisfaction?"

More than 90 percent of respondents indicated overall satisfaction with their jobs. The mean score was found to approximate the value of the response category, moderately satisfied.

Sub-Problem 1.2. "With which job facets are Directors of Nursing most satisfied?"

Directors of Nursing indicated they were most satisfied with the following four job facets (identified in terms of highest mean score): Provision for sick leave, Freedom to seek out new ideas, Freedom to introduce new ideas into the institution and Responsibility associated with the position.

Sub-Problem 1.3. "With which job facets are Directors of Nursing most dissatisfied?"

Four of the job facets with which Directors of Nursing were most dissatisfied were: Provisions for sabbatical or educational leave, Portion of time devoted to operational duties, Provision of custodial services for the institution and Method of consultation between hospital board and nurses concerning working conditions.

Sub-Problem 1.4. "Which job facets are identified as being most important to overall job satisfaction?"

Three of the job facets identified as most important to the feeling of job satisfaction were Competence of staff, Involvement in decision-making and Freedom to seek out new ideas.

Problem 2: Satisfaction Factors

Sub-Problem 2.1. "Which job factors contribute to overall job satisfaction?"

Factor analysis of the forty-six items resulted in a four factor solution which accounted for 40.5 percent of the total variance. The four factors were: Recognition, Responsibility, Working Conditions and Resource Adequacy.

Sub-Problem 2.2. "Which job factor is the best predictor of overall job satisfaction?"

Following stepwise multiple regression analysis the variable of Responsibility accounted for 20.67 percent of the variance and therefore was considered the best predictor of overall job satisfaction. The other three job factors were also significant predictors of overall satisfaction and in rank order of predictability the factors were as follows: Recognition, Resource Adequacy and Working Conditions. These last three factors accounted for the remainder of the 28.10 percent of variance accounted for by the four factors together.

Problem 3: Satisfaction Factors and Demographic Variables

Sub-Problem 3.1. "Are Directors of Nursing in a particular province more satisfied with specific job factors than their counterparts in other provinces?"

Directors of Nursing in British Columbia were significantly more satisfied with Working Conditions in their institutions than were their counterparts in Alberta. No other significant differences were found for satisfaction with job factors in terms of provinces in which the respondents were employed.

Sub-Problem 3.2. "To what extent are differences in level of satisfaction experienced with job factors by Directors of Nursing associated with organizational variables?"

On two factors of the job, Recognition and Resource Adequacy,

Directors of Nursing employed in institutions of 500 or more patient beds were significantly less satisfied than their counterparts in facilities of 300 to 499 patient beds.

Sub-Problem 3.3. "To what extent are differences in the level of satisfaction experienced by Directors of Nursing with job factors associated with personal-social variables?"

The only variable which was selective in terms of differences between groups was age. Directors of Nursing who were under 39 years of age were significantly less satisfied with the Resource Adequacy aspect of their job than were their counterparts in the 40 to 49 year age group.

Sub-Problem 3.4. "To what extent are differences in the level of satisfaction experienced by Directors of Nursing with job factors associated with professional variables?"

For two of the four factors, Directors of Nursing who belonged to ten or more professional or community organizations were significantly more satisfied with aspects of Recognition and Responsibility in their jobs than their counterparts who held four to six memberships. However, respondents in the former group were significantly less satisfied with Resource Adequacy in their institutions than were Directors of Nursing who belonged to seven to nine organizations.

Sub-Problem 3.5. "How do Directors of Nursing rank their satisfaction with the four job factors?"

Directors of Nursing in Western Canada were most satisfied with the aspect of Responsibility in their job. The job factor with which they were next most satisfied was Resource Adequacy followed by Recognition. The job factor with which Directors of Nursing were least satisfied, of the four, was Working Conditions.

Problem 4: Overall Job Satisfaction and Demographic Variables

Sub-Problem 4.1. "To what extent are differences in overall job satisfaction between sub-groups of respondents related to organizational characteristics?"

The only variable which was selective in terms of overall job satisfaction was the type of institution in which the Director of Nursing was employed. Respondents in Psychiatric Treatment facilities were significantly less satisfied with their job in all aspects than were Directors of Nursing from Auxiliary or Extended Care facilities.

Sub-Problem 4.2. "To what extent are differences in overall job satisfaction between groups of respondents related to personal-social characteristics?"

There were no significant differences in terms of respondents' personal-social characteristics on their overall job satisfaction.

Sub-Problem 4.3. "To what extent are differences between groups of respondents related to professional characteristics?"

There were no significant differences between groups of respondents categorized according to professional characteristics in terms of their overall job satisfaction.

Problem 5: Job Aspect Satisfaction and Dissatisfaction

Sub-Problem 5.1. "What aspects of the job were identified by Directors of Nursing in Western Canada as sources of job satisfaction and dissatisfaction?"

(1) The three most commonly identified facets of the job contributing to overall job satisfaction were Freedom to introduce new ideas for improved patient care (22.89 percent), Relationships and support of subordinate staff (16.92 percent) and Supportive relationship with the hospital administrator (12.44 percent).

(2) The three most commonly identified job facets contributing to overall job dissatisfaction were Medical staff bias (11.40 percent), Budget restrictions (10.88 percent) and Unionism (9.33 percent).

(3) Approximately 42 percent of respondents identified job facets related to the Work Itself when describing satisfying facets while 14 percent described positive experiences in terms of Achievement.

(4) Approximately one quarter of the respondents identified Policy and Administration related job facets when describing dissatisfying events while only slightly fewer Directors of Nursing

identified Working Conditions in terms of dissatisfying job facets.

Sub-Problem 5.2. "To what degree are the findings of this study consistent with Herzberg's (1959) two-factor theory?"

(1) When comparisons were made of the results obtained from the sample and Herzberg's two-factor theory, analysis revealed that when categories were regrouped to form Motivator and Hygiene factors, Motivator factors were observed to contribute more to overall satisfaction while Hygiene factors contributed more to overall dissatisfaction.

(2) The results indicated that the findings of this study were generally consistent with Herzberg's two-factor theory. Respondents, however, did not cite examples of job facets contributing to satisfaction which could be categorized in Herzberg's Advancement category. Perhaps this was due to the fact that as Director of Nursing, an individual has almost exhausted the opportunities for advancement available in a hospital's hierarchy. In addition, respondents did not cite examples of job facets resulting in dissatisfaction which could be placed in Herzberg's Supervision, Status or Security categories. Again, perhaps because of the nature of their administrative positions, Directors of Nursing do not find instances in their job which are dissatisfying in terms of these categories.

CONCLUSIONS

Relevance of the Findings to Literature on Satisfaction

The discussion that follows examines whether the results of this study support the findings presented in the literature review (Chapter 2).

The results of this study appeared to support the findings of White and Maguire (1973) as well as those of Ullich (1978) in that Directors of Nursing in Western Canada indicated they were most satisfied with aspects of their job which allowed them to introduce new ideas into the institution as well as to be recognized for their contribution. In relation to those job aspects which contributed to dissatisfaction, Stember's (1978) findings that organizational policies constituted the least satisfying job variable supported this study's results which identified organizational factors such as provision for leaves, portion of time devoted to operational duties and collective bargaining procedures as dissatisfiers.

Stember et al. (1978) found that job satisfaction for nurses increased with longevity. The results of this study revealed that only in terms of satisfaction with Resource Adequacy in their institutions were Directors of Nursing between 40 to 49 years of age, more satisfied than those who were under 39 years of age. This study's findings however, did not reveal that a significant difference existed in job satisfaction when analyzed in terms of number of years of experience as a Director of Nursing. Arndt and Laeger (1970) suggested that the longer a Director of Nursing worked in an institution, the less strain she felt in the position. If less strain is to be

associated with less dissatisfaction then the results of this study could not support Arndt et al.'s (1970) findings.

Williamson's (1972) study results were supported to an extent by the findings of this survey. Williamson found that nurses with Master's degrees were the most satisfied of all other educational levels. In this study, these results were upheld but only in terms of the Director's satisfaction with the factor of Responsibility in his/her job. For the remainder of the job factors, Recognition, Working Conditions and Resource Adequacy, administrators with no postgraduate courses constituted the most satisfied group. The differences in satisfaction for job factors between groups based upon educational level was not significant, however, consequently comparisons must be made cautiously.

In her study, Williamson (1972) found a positive relationship between age and longevity in nursing and job satisfaction. No such relationship was found in the results of this study.

In relation to size of hospital, Williamson (1972) found that job satisfaction was greater in smaller hospitals. This conclusion was supported in this study in that Directors of Nursing of institutions operating with over 500 patient beds were significantly less satisfied with two of the four factors than were their counterparts in smaller organizations.

As Kovner and Oliver (1978) found in their study of Directors of Nursing, Herzberg's theory basically applies to this study's respondents. Categories such as Achievement, Recognition and the Work Iteself were mentioned frequently as sources of satisfaction in the job.

For the most part, the results of this study would appear to support those reported in the literature. One interesting finding of this study was not found in the related readings. This dealt with the feelings of dissatisfaction that were strongly associated with the situation of medical staff bias and unionism expressed by Directors of Nursing in this sample. The degree of hostility apparent in some remarks related to these situations would lead the investigator to believe that the problems encountered as a result of these job aspects were significant and that measures should be taken to resolve the conflict as soon as possible.

IMPLICATIONS AND RECOMMENDATIONS

The investigator believes, based upon the results of this study, that the following implications are pertinent to the job satisfaction of Directors of Nursing in Western Canada.

1. Attempts should be made by Hospital Boards or by groups which govern the organization of hospitals to designate additional responsibility to the position of Director of Nursing. With increased autonomy, perhaps the nursing administrator would be challenged to be more innovative in her/his job and thereby receive more recognition for efforts and derive more satisfaction from the job itself.

2. Provisions for sabbatical or educational leave should be included in contracts for Directors of Nursing so that the nursing administrator is able to take advantage of educational or experiential opportunities.

3. Clerical and custodial assistance should be provided for

the Director of Nursing so that valuable time and energy is not expended on repetitious operational duties.

4. Competency examinations and inservice education should be implemented on a regular basis to ensure that staff in the hospital remain competent in the skills they are expected to perform. This measure may help to assure that minimum competency requirements are maintained thereby perhaps resulting in greater confidence by the Director of Nursing in her/his staff.

5. Hospital Boards should encourage greater participation of the Directors of Nursing in a decision-making role to enhance feelings of recognition and responsibility. In addition, Directors of Nursing should be encouraged to seek out and introduce new ideas into the institution for improved patient care.

6. Further study into the reasons for significantly more Directors of Nursing being satisfied with working conditions in British Columbia than Alberta should be pursued. Perhaps by identifying specific aspects of the working conditions which Directors of Nursing find more satisfying, recommendations may be made which may improve job satisfaction for administrators in other provinces.

7. Investigation into the reasons for Directors of Nursing of large institutions being significantly less satisfied with their job may reveal specific job aspects which may be altered. Perhaps greater decentralization with greater responsibility alotted to subordinates may alleviate the stress or dissatisfaction incurred by administering a large institution. Perhaps investigation into the process of communication within a large organization may provide useful results.

8. Directors of Nursing who held memberships in ten or more professional organizations appeared to be more satisfied in their jobs particularly with the factors of Recognition and Responsibility. Perhaps some of their needs in terms of these two aspects were being met through their community involvement and not solely from their jobs.

9. Directors of Nursing in Psychiatric Treatment facilities were significantly less satisfied in their jobs than were their counterparts in Extended Care facilities. Further study investigating the specific job aspects related to the different types of facilities may reveal why nursing administrators in one institution differ so radically from those in another type of facility.

10. Hospital administrators should be encouraged to be supportive of the Director of Nursing and to assist them in their endeavors. Respondents indicated this aspect of their job to be very important to their satisfaction.

11. Discussion should be held with the hospital's medical staff in an attempt to resolve the conflict which appears to exist between medical and nursing departments. The Director of Nursing should be given autonomy with respect to decisions related to the nursing department and medical staff should not have the power of veto when nursing related decisions are to be made.

12. Management rights should be discussed in light of the difficulties encountered by Directors of Nursing with nursing staff unions. Perhaps by a process of communication and discussion sufficient compromise may be achieved which would result in the mutual benefit of both parties.

13. Many respondents identified Policy and Administration related job aspects when identifying dissatisfying events. Perhaps if Directors of Nursing had a greater say in the formulation of hospital policy in terms of decision-making and its implementation, nursing administrators would feel more inclined to work within the constraints rather than feeling they were imposed upon them.

14. Attempts should be made to increase the number of qualified nursing staff available to Directors of Nursing for employment. Investigation of the reasons nurses leave the profession to seek employment in other areas should be pursued. Perhaps the results may lead government departments and hospital boards to reconsider their priorities enabling nurses to remain in nursing. Hopefully this may alleviate the critical nursing shortage and reduce the frustration of constant recruitment experienced by Directors of Nursing.

Summary

The purpose of this study was to investigate the aspect of job satisfaction for Directors of Nursing in Western Canada. The results of the investigation revealed that the respondents were moderately satisfied in their jobs, however, several aspects were identified which appeared to lead to dissatisfaction. A large number of nursing administrators identified their working conditions as contributing to dissatisfaction as did medical staff bias, unionism, nonavailability of provisions for sabbatical leave and inadequacy of support staff. Directors of Nursing in Psychiatric Treatment

facilities were significantly less satisfied in their jobs than were their counterparts in other types of facilities.

Respondents felt that the aspects of Responsibility and support of staff in their attempts to introduce new ideas were important to their job satisfaction. Involvement in decision-making also contributed to their positive feelings.

In order to substantiate alternative courses of action which hospital boards and government agencies may consider implementing to improve the job satisfaction of Directors of Nursing, further study is necessary. If specific aspects of working conditions are reviewed with the intent of isolating specific aspects of the job which may be altered to enhance satisfaction perhaps the positive results may be applied not only to the Directors of Nursing but to the nursing profession as a whole.

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APPENDIX A

INITIAL QUESTIONNAIRE SENT TO VALIDATORS

INSTRUCTIONS TO VALIDATORS:

Please complete the questionnaire. In the process of doing so kindly note the following:

1. The amount of time you required to complete the questionnaire.
2. Any suggestions you may have regarding alteration of terminology to improve clarity.
3. Revisions in format.
4. Any additions or deletions of items which you feel will improve the questionnaire.

Your assistance in validating this questionnaire is greatly appreciated. With you help I hope to have revised the questions and be collecting data by the end of January. Thanks again for your time!

SOURCES OF JOB SATISFACTION FOR DIRECTORS OF NURSING

SECTION A: PERSONAL DATA

CHECK the correct answer:

1. Which of the following best describes the size of city in which your institution is located?
   1. population of 30,000 or less _____
   2. population of 30,001 - 100,000 _____
   3. population of 100,001 or greater _____

2. Which one of the following best describes your institution?
   1. active treatment general hospital _____
   2. psychiatric treatment _____
   3. auxiliary _____
   4. center for mentally retarded _____
   5. other (please specify) _____

3. Which of the following best describes by whom your institution is owned and through which funding is provided?
   1. private _____
   2. religious _____
   3. municipal _____
   4. provincial _____
   5. federal _____
   6. other (please specify) _____

4. How many full-time equivalent nurses are employed in your institution? (Donot include student nurses.)
   1. 49 or less _____
   2. 50 - 99 _____
   3. 100 - 199 _____
   4. 200 - 399 _____
   5. 400 or more _____

5. Is there a School or Faculty of Nursing that affiliates with your institution?
   1. yes _____ 2. no _____

6. Which of the following best describes the number of patient beds in your institution?
   1. 100 - 199 _____
   2. 200 - 299 _____
   3. 300 - 499 _____
   4. 500 - 699 _____
   5. 700 or over _____

7. For which of the following items do you submit budget estimates?
   1. Salaries for nurses and support staff _____
   2. Orientation and continuing education expenses _____
   3. Purchase of patient care equipment _____
   4. Maintenance and repair of equipment _____
   5. Other (please specify) _____
      _____

8. What is your sex?
   1. Female _____ 2. Male _____

9. What was your age on January 1, 1980?
   1. under 30 _____
   2. 30 - 39 _____
   3. 40 - 49 _____
   4. 50 - 59 _____
   5. 60 and over _____

10. How many years of experience do you have as a Director of Nursing? (Count the present year as a full year.)
    a) Total number of years
       1. 1 _____ 4. 10 - 14 _____
       2. 2-4 _____ 5. 15 0 19 _____
       3. 5-9 _____ 6. 20 or more _____

    b) In your present institution
       1. 1 _____ 4. 10-14 _____
       2. 2-4 _____ 5. 15-19 _____
       3. 5-9 _____ 6. 20 or more _____

c) In your present province?

1. 1 _____
2. 2-4 _____
3. 5-9 _____
4. 10-14 _____
5. 15-19 _____
6. 20 or more _____

11..Have you taken graduate courses?

1. No graduate courses _____
2. Some graduate courses _____
3. Masters degree _____
4. Ph.D _____

12 How many continuing education activities or conferences have you attended within the past two years?

1. 0 _____
2. 1. _____
3. 2 _____
4. 3 _____
5. 4+ _____

13. To how many organizations do you belong? (for example Lodges or service clubs, Labor unions, church or synagogue, community associations, sports and athletic clubs, political groups, professional associations, etc.)

1. 1-3 _____
2. 4-6 _____
3. 7-9 _____
4. 10 or more _____

14 a) Does your spouse work full time?

1. No _____
2. Yes _____
3. Not married _____

b) If "Yes", is your spouse also an administrator?

1. No _____
2. Yes _____

5

15. What percentage of your total nursing staff resigned within the past year (ie. what percentage of nursing staff turnover was experienced by your institution)?
    1. less than 10% _____
    2. 10 - 20 % _____
    3. 20 - 30% _____
    4. 30 - 40% _____
    5. 40 - 50% _____
    6. greater than 50% _____

16 What was the reason most often given to justify resignation?
    1. pregnancy _____
    2. spouse transfered _____
    3. seeking another position _____
    4. retirement _____
    5. returning to school _____
    6. other (please specify) _____

SECTION B: OVERALL SATISFACTION
CIRCLE the selected number

	Highly satisfied	Moderately satisfied	Slightly satisfied	Slightly dissatisfied	Moderately dissatisfied	Highly dissatisfied	Not applicable
To what extent are you satisfied with each of the following?							
1. The effectiveness of your institution in caring for patients who come to it (compared with other institutions known to you).	6	5	4	3	2	1	0
2. Social relationships in your work.	6	5	4	3	2	1	0
3. The chance to do something that makes use of your abilities.	6	5	4	3	2	1	0
4. Your overall satisfaction with your job.	6	5	4	3	2	1	0

SECTION C: WORKING CONDITIONS
Rate your degree of satisfaction.
CIRCLE the selected number.

1. The way in which nurses/hospital board collective bargaining is conducted.	6	5	4	3	2	1	0
2. The way in which consultation between hospital board and nurses concerning working conditions is conducted during the year.	6	5	4	3	2	1	0
3. Salary you receive.	6	5	4	3	2	1	0
4. Retirement benefits provided by your institution.	6	5	4	3	2	1	0
5. Provisions for sabbatical or educational leave.	6	5	4	3	2	1	0

6. Provisions for sick leave.	6	5	4	3	2	1	0
7. Provision of custodial and maintenance services for your institution.	6	5	4	3	2	1	0
8. The number of hours a Director of Nursing is expected to work.	6	5	4	3	2	1	0
9. Your physical working conditions.	6	5	4	3	2	1	0
10. The portion of time devoted to operational duties.	6	5	4	3	2	1	0
SECTION D: PERSONNEL-RELATED MATTERS							
11. Your relationship with saff nurses.	6	5	4	3	2	1	0
12. The willingness of nurses to adopt a director initiated innovation.	6	5	4	3	2	1	0
13. The competence of your staff in coping with day-to-day problems.	6	5	4	3	2	1	0
14. The opportunity to help nurses solve their professional problems.	6	5	4	3	2	1	0
15. Your relationship with patients.	6	5	4	3	2	1	0
16. General attitude of patients towards staff.	6	5	4	3	2	1	0
17. Your freedom to organize special provisions for individual patient differences.	6	5	4	3	2	1	0
18. Availability of counselling and health care services for staff.	6	5	4	3	2	1	0
19. Suspension and termination procedure.	6	5	4	3	2	1	0
20. Your relationship with nursing students (if appropriate).	6	5	4	3	2	1	0
SECTION E: INSTITUTION-RELATED MATTERS							
21. Your freedom to seek out new ideas and introduce them into your institution.	6	5	4	3	2	1	0

22. Your freedom to allocate nursing assignments.	6	5	4	3	2	1	0
23. Responsibility associated with the director's position.	6	5	4	3	2	1	0
24. The consequences of participative staff decisions.	6	5	4	3	2	1	0
25. The attitudes of your staff towards changes in patient care policies or procedures.	6	5	4	3	2	1	0
26. Your authority over budget preparation.	6	5	4	3	2	1	0
27. Your accountability for success of patient care programs.	6	5	4	3	2	1	0
28. Availability of clerical personnel to assist you.	6	5	4	3	2	1	0
29. Access of your staff to continuing education resources.	6	5	4	3	2	1	0
SECTION F: COMMUNITY - RELATED MATTERS							
30. Your relationship with the hospital board.	6	5	4	3	2	1	0
31. Your involvement in decision-making in your institution.	6	5	4	3	2	1	0
32. Availability of useful advice to assist you with problems you encounter.	6	5	4	3	2	1	0
33. Opportunities for useful in-service education for yourself.	6	5	4	3	2	1	0
34. Expectations of the Board for you as Director of Nursing.	6	5	4	3	2	1	0
35. The way policies of the hospital board are put into practice.	6	5	4	3	2	1	0
36. Evaluation of the Director of Nursing.	6	5	4	3	2	1	0

SECTION G: OCCUPATION-RELATED MATTERS

37. Attitudes of clients in your community towards health care.	6	5	4	3	2	1	0
38. Your sense of accomplishment as an administrator.	6	5	4	3	2	1	0
39. Recognition by others of your work.	6	5	4	3	2	1	0
40. Your social position in the community.	6	5	4	3	2	1	0
41. The amount of recognition given the Director of Nursing by members of other professions.	6	5	4	3	2	1	0
42. The variety of tasks you work on as part of your regular duties.	6	5	4	3	2	1	0
43. The authority associated with an administrative position.	6	5	4	3	2	1	0
44. The effect of the job on your personal or family life.	6	5	4	3	2	1	0
45. Availability of facilities in your community for recreation, fine arts, etc.	6	5	4	3	2	1	0
46. Your job security.	6	5	4	3	2	1	0

Do you have any comments on any of the above matters.
If so write them here.

SECTION H: SOURCES OF JOB SATISFACTION

Which two factors contribute most to your overall satisfaction with the directorship?

1. _____
_____
_____
_____

2. _____
_____
_____
_____

Which two factors contibute most to your overall dissatisfaction with the directorship?

1. _____
_____
_____
_____

2. _____
_____
_____
_____

Rate how important you feel each item is to your work.
CIRCLE the selected number.

SECTION I: WORKING CONDITIONS

	Very important	Quite important	Moderately important	Neutral	Slightly important	Not important	Not applicable
1. The way in which nurses/hospital board collective bargaining is conducted is important to me.	6	5	4	3	2	1	0
2. The way in which consultation between hospital board and nurses concerning working conditions is conducted during the year is important to me.	6	5	4	3	2	1	0
3. The amount of salary I receive is important to me.	6	5	4	3	2	1	0
4. The retirement benefits provided by my institution are important to me.	6	5	4	3	2	1	0
5. It is important to me that my institution provides for sabbatical or educational leave.	6	5	4	3	2	1	0
6. It is important to me that provisions are made for sick leave.	6	5	4	3	2	1	0
7. It is important to me that provisions are made for custodial and maintenance services.	6	5	4	3	2	1	0
8. The number of hours a Director of Nusing is expected to work makes a difference to me.	6	5	4	3	2	1	0
9. My physical working conditions are important to me.	6	5	4	3	2	1	0
10. The portion of my time devoted to operational duties makes a difference to me.	6	5	4	3	2	1	0

SECTION J: PERSONNEL-RELATED MATTERS

11. My relationship with staff nurses is important to me.	6	5	4	3	2	1	0
12. It is important to me that nurses are willing to adopt a director initiated innovation.	6	5	4	3	2	1	0
13. It is important to me that my staff is competent in coping with day-to-day problems.	6	5	4	3	2	1	0
14. It is important to me that I have the opportunity to help nurses solve their professional problems.	6	5	4	3	2	1	0
15. My relationships with patients are important to me.	6	5	4	3	2	1	0
16. The general attitude of patients towards staff is important to me.	6	5	4	3	2	1	0
17. It is important to me that I have the freedom to organize special provisions for individual patient differences.	6	5	4	3	2	1	0
18. The availability of counselling and health care services for staff is important to me.	6	5	4	3	2	1	0
19. Our suspension and termination procedures make a difference in my work.	6	5	4	3	2	1	0
20. My relationship with nursing students is important to me.	6	5	4	3	2	1	0

Do you have any comments on the above matters?
If so write them here.

SECTION K: INSTITUTION-RELATED MATTERS

21. It is important to me that I am free to seek out new ideas and introduce them into my institution.	6	5	4	3	2	1	0
22. It is important to me that I am free to allocate nursing assignments.	6	5	4	3	2	1	0
23. The responsibility associated with the director's position is important to me.	6	5	4	3	2	1	0
24. The consequences of participative staff decisions makes a difference to me.	6	5	4	3	2	1	0
25. The attitudes of my staff towards changes in patient care policies or procedures is important to me.	6	5	4	3	2	1	0
26. My authority over budget preparation is important to me.	6	5	4	3	2	1	0
27. My accountability for success of patient care programs is important to me.	6	5	4	3	2	1	0
28. It is important to me that clerical personnel are available to assist me.	6	5	4	3	2	1	0
29. It is important to me that my staff have access to continuing education resources.	6	5	4	3	2	1	0

SECTION L: COMMUNITY-RELATED MATTERS

30. My relationship with the hospital board is important to me.	6	5	4	3	2	1	0
31. My involvement in decision-making in my institution is important to me.	6	5	4	3	2	1	0
32. It is important to me that useful advice is available to assist me with problems I encounter.	6	5	4	3	2	1	0

33. Having opportunities for useful in-service for myself is important to my work.	6	5	4	3	2	1	0
34. The Board's expectations for me as Director of Nursing are important to me.	6	5	4	3	2	1	0
35. The way policies of the hospital board are put into practice is important to me.	6	5	4	3	2	1	0
36. Having an evaluation of the Director of Nursing is important to me.	6	5	4	3	2	1	0
SECTION M: OCCUPATION-RELATED MATTERS							
37. The attitudes of clients in my community towards health care is important to me.	6	5	4	3	2	1	0
38. My sense of accomplishment as an administrator is important to me.	6	5	4	3	2	1	0
39. It is important to me that my work is recognized by others.	6	5	4	3	2	1	0
40. My social position in the community is important to me.	6	5	4	3	2	1	0
41. The amount of recognition given the Director of Nursing by members of other professions is important to me.	6	5	4	3	2	1	0
42. The variety of tasks I work on as part of my regular duties makes a difference in my work.	6	5	4	3	2	1	0
43. The authority associated with an administrative position is important to me.	6	5	4	3	2	1	0
44. The effect of the job on my personal or family life is important to me.	6	5	4	3	2	1	0
45. The availability of facilities in my community for recreation, fine arts, etc. is important to me.	6	5	4	3	2	1	0
46. It is important to me that my job is secure.	6	5	4	3	2	1	0

REVISED QUESTIONNAIRE

INSTRUCTIONS TO RESPONDENTS

In the following questionnaire several facets of your job are listed. You are asked to rate each item according to two scales. With the first scale you will be asked to indicate the extent to which you are satisfied with each facet of your job. The second scale will be used to indicate how important you feel each item is to your work. Circle the appropriate number in each scale.

Please answer all of the questions. Any comments you may have regarding any of the items may be written in the alotted space.

Thank you for your cooperation.

SECTION A: PERSONAL DATA

CHECK the best answer:

1. Which of the following best describes the size of city in which your institution is located?
   1. population of 30,000 or less _____
   2. population of 30,001 - 100,000 _____
   3. population of 100,001 or greater _____

2. Which one of the following best describes your institution?
   1. active treatment general hospital _____
   2. psychiatric treatment _____
   3. auxiliary _____
   4. center for mentally retarded _____
   5. other (please specify) _____

3. Which of the following best describes by whom your institution is owned?
   1. private _____
   2. religious _____
   3. municipal _____
   4. provincial _____
   5. federal _____
   6. other (please specify) _____

4. How many full-time equivalent nurses are employed in your institution ? (Do not include nursing students.)
   1. 49 or less _____
   2. 50 - 99 _____
   3. 100 - 199 _____
   4. 200 - 399 _____
   5. 400 or more _____

5. Is there a School or Faculty of Nursing that affiliates with your institution?
   1. yes _____ 2. no _____

6. Which of the following best describes the number of patient beds in your institution?
   1. 100 - 199 _____
   2. 200 - 299 _____
   3. 300 - 499 _____
   4. 500 - 699 _____
   5. 700 or over _____

7. For which of the following items do you submit budget estimates?
   1. Salaries for nurses and support staff _____
   2. Orientation and continuing education expenses _____
   3. Purchase of patient care equipment _____
   4. Maintenance and repair of equipment _____
   5. Other (please specify) _____

8. What is your sex?
   1. Female _____ 2. Male _____

9. What was your age on January 1, 1980?
   1. under 30 _____
   2. 30 - 39 _____
   3. 40 - 49 _____
   4. 50 - 59 _____
   5. 60 and over _____

10. How many years of experience do you have as a Director of Nursing? (Count the present year as a full year.)
    a) Total number of years
       1. 1 _____
       2. 2 - 4 _____
       3. 5 - 9 _____
       4. 10 - 14 _____
       5. 15 - 19 _____
       6. 20 or more _____

    b) In your present position
       1. 1 _____
       2. 2 - 4 _____
       3. 5 - 9 _____
       4. 10 - 14 _____
       5. 15 - 19 _____
       6. 20 or more _____

    c) In your present province
       1. 1 _____
       2. 2 - 4 _____
       3. 5 - 9 _____
       4. 10 - 14 _____
       5. 15 - 19 _____
       6. 20 or more _____

11. Have you taken post - graduate (university credit) courses?
    1. No post-graduate courses _____
    2. Some post-graduate courses _____
    3. Bachelors degree _____
    4. Masters degree _____
    5. Ph.D. _____

12. How many continuing education activities or conferences have you attented within the past two years?
    1. 0 _____
    2. 1 _____
    3. 2 _____
    4. 3 _____
    5. 4+ _____

13. To how many organizations do you belong? (for example Lodges or service clubs, Labor unions, church or synagogue, community associations, sports and athletic clubs, political groups, professional associations, etc.)
    1. 1 - 3 _____
    2. 4 - 6 _____
    3. 7 - 9 _____
    4. 10 or more _____

14. a) Does your spouse work full time?
       1. No _____
       2. Yes _____
       3. Not applicable _____
    b) If "Yes", is your spouse also an administrator?
       1. Yes _____ 2. No _____

15. What percentage of your total nursing staff resigned within the past year (ie. What percentage of nursing staff turnover was experienced by your institution)?
    1. less than 10% _____
    2. 10 - 20% _____
    3. 20 - 30% _____
    4. 30 - 40% _____
    5. 40 - 50% _____
    6. greater than 50% _____

16. Rank the reason(s) given to justify resignation with 1 as the most frequently stated, 2 the next, etc.

1. pregnancy	_____
2. spouse transferred	_____
3. seeking another position	_____
4. retirement	_____
5. returning to school	_____
6. other (please specify)	_____

SECTION B: OVERALL SATISFACTION

CIRCLE the selected number

To what extent are you satisfied with each of the following?

	Highly satisfied	Moderately satisfied	Slightly satisfied	Slightly dissatisfied	Moderately dissatisfied	Highly dissatisfied
1. The effectiveness of your institution in caring for patients who come to it (compared with other institutions known to you).	6	5	4	3	2	1
2. Social relationships in your work.	6	5	4	3	2	1
3. The opportunity to do something that makes use of your abilities.	6	5	4	3	2	1
4. Your overall satisfaction with your job.	6	5	4	3	2	1

Do you have any comments on any of the above matters? If so write them here.

SECTION C: WORKING CONDITIONS
Rate your degree of satisfaction on the first scale and how important each item is to your work on the second scale.

CIRCLE THE SELECTED NUMBERS

	Satisfaction							Importance						
	Highly satisfied	Moderately satisfied	Slightly satisfied	Slightly dissatisfied	Moderately dissatisfied	Highly dissatisfied	Not applicable	Extremely important	Very important	Quite important	Moderately important	Slightly important	Not important	
1. The way in which collective bargaining is conducted between nursing staff and the hospital board.	6	5	4	3	2	1	0	6	5	4	3	2	1	
2. The way in which consultation between hospital board and nurses concerning working conditions is conducted during the year.	6	5	4	3	2	1	0	6	5	4	3	2	1	
3. Salary you receive.	6	5	4	3	2	1	0	6	5	4	3	2	1	
4. Retirement benefits provided for you by your institution.	6	5	4	3	2	1	0	6	5	4	3	2	1	
5. Provisions for sabbatical of educational leave for yourself.	6	5	4	3	2	1	0	6	5	4	3	2	1	
6. Provisions for sick leave for yourself.	6	5	4	3	2	1	0	6	5	4	3	2	1	
7. Provision of custodial and maintenance services for your institution.	6	5	4	3	2	1	0	6	5	4	3	2	1	
8. The number of hours you are expected to work.	6	5	4	3	2	1	0	6	5	4	3	2	1	
9. Your physical working conditions.	6	5	4	3	2	1	0	6	5	4	3	2	1	
10. The portion of time devoted to operational duties, (ie. paper work, routinely scheduled meetings).	6	5	4	3	2	1	0	6	5	4	3	2	1	

SECTION D: PERSONNEL-RELATED MATTERS

	Satisfaction							Importance					
	Highly satisfied	Moderately satisfied	Slightly satisfied	Slightly dissatisfied	Moderately dissatisfied	Highly dissatisfied	Not applicable	Extremely important	Very important	Quite important	Moderately important	Slightly important	Not important
11. Your relationship with staff nurses.	6	5	4	3	2	1	0	6	5	4	3	2	1
12. The willingness of nurses to adopt a director initiated innovation.	6	5	4	3	2	1	0	6	5	4	3	2	1
13. The competence of your staff in coping with day-to-day problems.	6	5	4	3	2	1	0	6	5	4	3	2	1
14. The opportunity to help nurses solve their professional problems.	6	5	4	3	2	1	0	6	5	4	3	2	1
15. Your relationship with patients.	6	5	4	3	2	1	0	6	5	4	3	2	1
16. General attitude of patients towards staff.	6	5	4	3	2	1	0	6	5	4	3	2	1
17. Your freedom to organize special provisions for individual patient differences.	6	5	4	3	2	1	0	6	5	4	3	2	1
18. Availability of counselling and health care services for staff.	6	5	4	3	2	1	0	6	5	4	3	2	1
19. Procedure for suspension and termination of staff.	6	5	4	3	2	1	0	6	5	4	3	2	1
20. Your relationship with nursing students.	6	5	4	3	2	1	0	6	5	4	3	2	1
SECTION E: INSTITUTION-RELATED MATTERS													
21. Your freedom to seek out new ideas.	6	5	4	3	2	1	0	6	5	4	3	2	1

	Satisfaction							Importance						
	Highly satisfied	Moderately satisfied	Slightly satisfied	Slightly dissatisfied	Moderately dissatisfied	Highly dissatisfied	Not applicable	Extremely important	Very important	Quite important	Moderately important	Slightly important	Not important	
22. Your freedom to introduce new ideas into your institution.	6	5	4	3	2	1	0	6	5	4	3	2	1	
23. Responsibility associated with your position.	6	5	4	3	2	1	0	6	5	4	3	2	1	
24. The consequences of participative staff decisions.	6	5	4	3	2	1	0	6	5	4	3	2	1	
25. The attitudes of your staff towards changes in patient care policies or procedures.	6	5	4	3	2	1	0	6	5	4	3	2	1	
26. Your authority over budget preparation.	6	5	4	3	2	1	0	6	5	4	3	2	1	
27. Your accountability for success of patient care programs.	6	5	4	3	2	1	0	6	5	4	3	2	1	
28. Availability of clerical personnel to assist you.	6	5	4	3	2	1	0	6	5	4	3	2	1	
29. Access of your staff to continuing education resources.	6	5	4	3	2	1	0	6	5	4	3	2	1	
SECTION F: COMMUNITY-RELATED MATTERS														
30. Your relationship with the hospital board.	6	5	4	3	2	1	0	6	5	4	3	2	1	
31. Your involvement in decision-making in your institution.	6	5	4	3	2	1	0	6	5	4	3	2	1	
32. Availability of advice to assist you with problems you encounter.	6	5	4	3	2	1	0	6	5	4	3	2	1	

	Satisfaction							Importance						
	Highly satisfied	Moderately satisfied	Slightly satisfied	Slightly dissatisfied	Moderately dissatisfied	Highly dissatisfied	Not applicable	Extremely important	Very important	Quite important	Moderately important	Slightly important	Not important	
33. Opportunities for in-service education for yourself.	6	5	4	3	2	1	0	6	5	4	3	2	1	
34. Expectations of the Board for you as Director of Nursing.	6	5	4	3	2	1	0	6	5	4	3	2	1	
35. The way policies of the hospital board are put into practice.	6	5	4	3	2	1	0	6	5	4	3	2	1	
36. Evaluation of you in your position.	6	5	4	3	2	1	0	6	5	4	3	2	1	
SECTION G: OCCUPATION-RELATED MATTERS														
37. Attitudes in your community towards health care.	6	5	4	3	2	1	0	6	5	4	3	2	1	
38. Your sense of accomplishment as an administrator.	6	5	4	3	2	1	0	6	5	4	3	2	1	
39. Recognition by others of your work.	6	5	4	3	2	1	0	6	5	4	3	2	1	
40. Your social position in the community.	6	5	4	3	2	1	0	6	5	4	3	2	1	
41. The amount of recognition given to you by members of other professions.	6	5	4	3	2	1	0	6	5	4	3	2	1	
42. The variety of tasks you work on as part of your regular duties.	6	5	4	3	2	1	0	6	5	4	3	2	1	
43. The authority associated with an administrative position.	6	5	4	3	2	1	0	6	5	4	3	2	1	

	Satisfaction							Importance						
	Highly satisfied	Moderately satisfied	Slightly satisfied	Slightly dissatisfied	Moderately dissatisfied	Highly dissatisfied	Not applicable	Extremely important	Very important	Quite important	Moderately important	Slightly important	Not important	
44. The effect of the job on your personal or family life.	6	5	4	3	2	1	0	6	5	4	3	2	1	
45. Availability of facilities in your community for recreation, fine arts, etc.	6	5	4	3	2	1	0	6	5	4	3	2	1	
46. Your job security.	6	5	4	3	2	1	0	6	5	4	3	2	1	

Do you have any comments on any of the above matters?
If so write them here.

Which <u>two</u> factors contribute most to your <u>overall</u> satisfaction with the directorship?

1. _____

_____

_____

2. _____

_____

_____

Which <u>two</u> factors contribute most to your <u>overall</u> dissatisfaction with the directorship?

1. _____

_____

_____

2. _____

_____

_____

Thank you for your cooperation. Kindly return immediately.

D.M. Armann

4132-121 Street

Edmonton, Alberta

T6J1Y5

APPENDIX B
LETTERS OF TRANSMITTAL

D.M. Armann
Department of Educational
Administration
University of Alberta
Edmonton, Alberta

Dear Director:

Enclosed please find a questionnaire developed to determine factors influencing job satisfaction for Directors of Nursing. Through your cooperation in participating in this study, it is hoped that a greater understanding will be reached of the factors affecting satisfaction of people in positions such as yours.

You have been selected as one of 140 Directors of Nursing for either acute care, auxiliary, psychiatric, mentally retarded or DVA institutions of 100 beds or greater located in British Columbia, Alberta, Saskatchewan or Manitoba. This study is directed towards the chief administrator responsible for the nursing staff in each institution. If an error has been made in delivering this questionnaire, your assistance in forwarding it to the appropriate individual would be appreciated.

In order to ensure confidentiality, all data will be grouped and identification of individual questionnaires will not be possible thereby guaranteeing the anonymity of the respondent.

My research to this point indicates a distinct void in this area of study. Through your cooperation some understanding and appreciation of job satisfaction for Directors of Nursing may be attained. Your cooperation in completing this questionnaire and returning it as soon as possible will be greatly appreciated.

Sincerely yours,

D M Armann

D.M. Armann R.N.

Donna M. Armann
Educational Administration
University of Alberta
Edmonton, Alberta

Dear Director:

Several weeks ago you received my questionnaire designed to determine factors related to your job satisfaction as a director of nursing. Although the initial response was good, I am endeavoring to obtain an 80% return on my original sample. For this reason I am sending a duplicate questionnaire to those institutions which my records indicate have not returned the original survey.

Several respondents indicated that they were concerned with the confidentiality of their responses as a numbering system was originally used. I would like to assure you that this system was implemented for the sole purpose of recording responses returned so that this follow up letter and enclosed questionnaire would not be sent to all 140 institutions. My intent was not to identify specific respondents but rather I had hoped to limit costs by eliminating those institutions which had returned their questionnaires. You will note that there are no identifying notations on the enclosed survey.

This study is being done as a partial requirement for a masters degree in Educational Administration. With its completion I will have met my faculty's requirements for this degree. Your cooperation in completing and returning this questionnaire would be greatly appreciated. I emphasize again that my objective is to maintain the confidentiality of the respondents so that a true analysis of the job satisfaction status of Directors of Nursing may be achieved. My data is being analyzed by a computer program and identification of specific institutions will be avoided in the final thesis.

Thank you for your time in assisting me with completion of this study.

Sincerely yours,

D M Armann

(Mrs.) Donna M. Armann R.N., BSc.N.

APPENDIX C
FACTOR ANALYSIS MATRIX
VARIMAX ROTATION

FACTOR ANALYSIS
SATISFACTION * IMPORTANCE
FILE NONAME (CREATION DATE = 02/12/81)

VARIMAX ROTATED FACTOR MATRIX

	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5
ITEM1	-0.08769	0.16894	0.44324	0.03649	0.28788
ITEM2	-0.03380	0.13478	0.61425	0.26233	0.25102
ITEM3	0.17504	0.02280	0.66147	0.05797	0.02988
ITEM4	0.08415	0.26867	0.52033	-0.06109	-0.01259
ITEM5	0.12441	0.06816	0.41094	0.39417	-0.18136
ITEM6	0.10438	0.16315	0.56206	-0.02496	-0.00335
ITEM7	0.23522	-0.06344	0.32496	0.12391	0.01516
ITEM8	0.40111	0.15350	0.48271	0.02829	0.13310
ITEM9	0.16207	0.14122	0.56058	0.11010	0.32047
ITEM10	0.44458	0.12989	0.17218	0.07785	0.10052
ITEM11	0.45376	-0.08506	0.21304	0.04975	0.22182
ITEM12	0.34870	0.11710	0.09220	-0.10533	0.35044
ITEM13	0.29468	0.32901	0.06240	0.14171	0.07457
ITEM14	0.51123	0.05510	-0.02927	0.27594	0.36918
ITEM15	0.10645	-0.19448	0.02450	0.38852	0.36664
ITEM16	0.19412	0.00048	0.25923	0.20967	0.41049
ITEM17	0.05548	0.30151	0.11748	0.11637	0.32926
ITEM18	-0.04897	0.13341	-0.02365	0.50259	0.06134
ITEM19	0.22881	0.15955	0.07478	0.00795	0.25836
ITEM21	0.01373	0.67900	0.10399	0.07319	0.04996
ITEM22	0.13159	0.79292	0.09451	0.03355	0.16923
ITEM23	0.09130	0.51252	0.41132	0.17367	0.32992
ITEM24	0.03052	0.08178	0.09988	-0.00237	0.38235
ITEM25	0.23369	0.15181	-0.00610	0.02640	0.49353
ITEM26	-0.03380	0.52395	0.15162	0.34855	0.07362
ITEM27	0.23885	0.47457	0.03517	0.07394	0.33648
ITEM28	0.16028	0.02276	0.13671	0.61618	0.09616
ITEM29	0.06522	0.21018	-0.07329	0.62995	-0.05009
ITEM30	0.21312	0.10731	0.33099	0.50761	0.20266
ITEM31	0.00063	0.60725	0.36076	0.32879	0.08608
ITEM32	0.34901	0.47225	0.23922	0.29935	-0.06275
ITEM33	0.23598	0.34205	0.14063	0.55386	-0.07336
ITEM34	0.29695	0.22587	0.24799	0.50423	-0.07616
ITEM35	0.18515	0.29965	0.35768	0.13685	0.29122
ITEM36	0.34069	0.37799	0:09491	0.14324	-0.05965
ITEM37	0.47906	0.05496	0.06295	0.43906	0.28590
ITEM38	0.65836	0.39600	-0.03532	0.02234	0.09687
ITEM39	0.69079	0.32371	0.04277	-0.06027	0.11831
ITEM40	0.52520	-0.03841	0.08977	0.07012	0.07107
ITEM41	0.40325	0.09825	0.29923	0.17147	0.33675
ITEM42	0.58274	0.12652	0.16270	0.08890	0.05987
ITEM43	0.28142	0.39157	0.19776	0.01778	0.23516

FACTOR ANALYSIS
SATISFACTION * IMPORTANCE
FILE NONAME (CREATION DATE = 02/12/81)

	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5
ITEM44	0.72481	0.07172	0.10274	0.10504	0.03633
ITEM45	0.31825	0.00163	0.02263	0.15523	0.02012
ITEM46	0.34129	0.33364	0.27599	0.10595	-0.35929

TRANSFORMATION MATRIX

	FACTOR 1	FACTOR 2	FACTOR 3	FACTOR 4	FACTOR 5
FACTOR 1	0.55271	0.49561	0.45812	0.38286	0.30401
FACTOR 2	0.77174	-0.44430	-0.37667	-0.20689	0.14941
FACTOR 3	-0.12834	-0.72871	0.38609	0.51818	0.18690
FACTOR 4	-0.03966	-0.12339	0.59021	-0.73449	0.30883
FACTOR 5	-0.28440	0.10360	-0.38836	0.05121	0.86887